

Case Number:	CM13-0057954		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2010
Decision Date:	04/10/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Chicago. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 65-year-old who reported an injury on 03/04/2010. The mechanism of injury involved repetitive work activities. The patient is currently diagnosed with left elbow contusion, shoulder and wrist contusion, bilateral knee contusion, medial meniscal tear, and wrist arthropathy. The patient was seen by [REDACTED] on 08/05/2013. The patient reported 9/10 pain. Physical examination revealed swelling of the right knee, painful range of motion of the right hip, tenderness to palpation of the left wrist ligaments, swelling over the medial flexor tendon sheath, left knee medial joint line pain, positive clicking, full range of motion of the left wrist, tenderness of the medial tibial plateau, decreased shoulder range of motion, tenderness and spasm of the lumbar spine, 5/5 motor strength of bilateral lower extremities, and intact sensation. Treatment recommendations included continuation of current medication and a request for 6 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ANAPROX DS 550 MG, 30 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, they are recommended as a second-line treatment after acetaminophen. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. The request for Anaprox DS 550 mg, 30 count, is not medically necessary or appropriate.

KETOPROFEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Therefore, the request cannot be determined as medically appropriate. Additionally noted, there is no evidence of a failure to respond to first line oral medication. The request for Ketoprofen cream is not medically necessary or appropriate.

NORFLEX 100 MG, 60 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolong use may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate bilateral tenderness when spasm of the lumbar paraspinal muscles. The request for Norflex 100 mg, 60 count, is not medically necessary or appropriate.

MEDIDERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of a failure to respond to first line oral medication prior to the request for a topical analgesic. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. The request for Mediderm is not medically necessary or appropriate.

VALIUM 10 MG, 30 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, there is no evidence of this patient's current utilization of this medication. The patient does not maintain a diagnosis of anxiety disorder. The request for Valium 10 mg, 30 count, is not medically necessary or appropriate.

A URINE TOXICOLOGY, PERFORMED ON NOVEMBER 11, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. According to the documentation submitted, the patient's injury was greater than 3 years ago to date, and there is no evidence of noncompliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. The request for a urine toxicology, performed on November 11, 2013, is not medically necessary or appropriate.

SIX SESSIONS OF CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. As per the documentation submitted, the patient has completed a course of chiropractic therapy in the past. However, documentation of objective functional improvement following the initial course of chiropractic therapy was not provided. The request for six sessions of Chiropractic manipulation is not medically necessary or appropriate.