

Case Number:	CM13-0061304		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2013
Decision Date:	03/28/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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:

This is a 63-year-old who was injured on 2/20/2013. The 6/12/13 report lists the diagnoses as: right knee DJD (degenerative joint disease) involving patellofemoral joint and medial compartment; healed right knee MCL strain; C3-C7 spondylosis; left shoulder AC DJD and bursitis; lumbar spondylosis with spondylolisthesis. On 11/27/13, [REDACTED] reviewed records including a 10/16/13 report from [REDACTED] who prescribed Dendracin, Ultram and recommend PT (physical therapy) 2x6; and recommended partial certification of Ultram and non-certification of PT and Dendracin. Unfortunately, the 10/16/13 medical report with the rationale and requested treatment was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient presentation at the time of the request is not known, as the medical report was not provided for IMR. The patient has been attending PT (physical therapy)

for right knee TKA (total knee arthroplasty) on 7/19/13 by [REDACTED]. The request for PT 2x6 is not from the surgeon the performed the procedure, it was from [REDACTED]. I do not have the medical report from [REDACTED], so I cannot verify if [REDACTED] designated [REDACTED] to prescribe postsurgical treatment. The Chronic Pain Medical Treatment Guidelines states: "Only the surgeon who performed the operation, a nurse practitioner or physician assistant working with the surgeon, or a physician designated by that surgeon can make a determination of medical necessity and prescribe postsurgical treatment under this guideline." And more importantly, without being able to read the requesting physician's medical report, I am unable to determine whether there has been functional improvement with the post-surgical treatment provided. The Chronic Pain Medical Treatment Guidelines requires discontinuing postsurgical treatment if no functional improvement is documented. The Chronic Pain Medical Treatment Guidelines states: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." The request for physical therapy, twice per week for six weeks, is not medically necessary or appropriate

Dendracin Cream with two refills: Upheld

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

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

Decision rationale: Dendracin is methyl salicylate, benzocaine and menthol, and Dendracin Neurodendraxin is capsaicin, menthol and methyl salicylate. I have been ased to review form Dendracin. I have not been provided the medical report from the requesting physician. The Chronic Pain Medical Treatment Guidelines has some recommendations for salicylate topicals, but states " Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" the compound also contains benzocaine, which would place this in the Topical analgesic section of the Chronic Pain Medical Treatment Guidelines, which also states that topical analgesics are largely experimental and that these are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Without being able to review the current medical records, it is unknown if the patient has tried and failed antidepressants and anticonvulsants, or even if the patient has neuropathic pain. The request for Dendracin Cream with two refills is not medically necessary or appropriate.

Ultram 50 mg, 60 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 82, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: The patient's presentation at the time the service/treatment were provided is unknown, as the medical report (10/16/13, by [REDACTED]) has not been provided for this review.

The most recent report available for this review is dated 6/12/13 from [REDACTED] and does not mention PT (physical therapy), Ultram or Dendracin cream. Without being able to review the medical report from the physician that prescribed the Ultram, I am not able to tell whether the patient had tried first-line medications, or whether there was any efficacy documented for Ultram. The request for Ultram 50 mg, 60 count with two refills, is not medically necessary or appropriate.