

<b>Case Number:</b>	CM13-0062568		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 54-year-old female who reported a work-related injury on 1/11/11. The mechanism of injury was not provided in the medical records. The patient is diagnosed with lumbar degenerative joint disease, lumbar degenerative disc disease, status post left knee arthroscopy, status post right knee arthroscopy, anxiety and depression, insomnia, gastroesophageal reflux disease, and status post right knee medial meniscectomy on 10/4/13. Her symptoms are noted to include right knee pain, low back pain, and left knee pain. Her 10/22/13 office visit indicated that she had not had therapy since her surgery. Her physical examination findings included range of motion of the right knee 0 degrees extension and 95 degrees flexion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### AQUATIC THERAPY FOR THE RIGHT KNEE:

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy may be recommended as an optional form of exercise therapy when reduced weight-bearing is desired,

such as in cases of extreme obesity. The clinical information submitted for review failed to provide details regarding the patient's need for reduced weight-bearing exercise. In the absence of specifically stated rationale for reduced weight-bearing exercise, aquatic therapy is not supported. Additionally, the request for aquatic therapy failed to provide details including the requested frequency, duration, and number of visits. For these reasons, the requested service is non-certified.

**URINE TOXICOLOGY SCREENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** According to the California MTUS guidelines, the use of urine drug screening may be recommended with documented issues of abuse, addiction, or poor pain control. The clinical information provided for review indicated that the patient was utilizing Tylenol No. 3 as needed for pain; however, the documentation did not provide any details regarding concern for abuse, addiction, or inadequate pain control in order to warrant urine drug screening at this time. Therefore, the request is non-certified.

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** According to the California MTUS guidelines, proton pump inhibitors may be recommended for patients taking NSAID medications who have been found to be at significant risk for gastrointestinal events, or for patients with reported dyspepsia related to NSAID use. The clinical information submitted for review indicated that the patient was taking Prilosec 20mg per day to protect her stomach. However, she was not noted to be utilizing NSAID medications and there was no documentation of dyspepsia related to NSAIDs or significant risk of gastrointestinal events related to NSAID use. Additionally, the request for Prilosec 20mg failed to provide details regarding the patient's use of the medication and quantity being requested. Therefore, the request is not supported

**KETOPROFEN/CYCLOBENZAPRINE/TRAMADOL COMPOUND CREAM I:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines further state that topical compounded products containing at least one drug that is not recommended are not recommended as a whole. The guidelines specify that topical Ketoprofen is not FDA approved as it has an extremely high incidence of photocontact dermatitis. The guidelines also state that the topical use of muscle relaxants is not supported as there is no evidence for use of muscle relaxants as a topical product. As the requested topical compound is noted to include Ketoprofen and Cyclobenzaprine, the request is not supported.