

Case Number:	CM13-0063190		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2003
Decision Date:	05/14/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine 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 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 applicant is represented [REDACTED] employee who has filed a claim for chronic bilateral knee pain and bilateral knee arthritis reportedly associated with an industrial injury of February 28, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; nutritional supplements; transfer of care to and from providers in various specialties; Synvisc injections; prior knee arthroscopy; MRI imaging of the injured knee of November 1, 2012, notable for moderate knee effusion, degeneration of the medial meniscus, and chronic narrowing of the medial compartment; and the apparent imposition of permanent work restrictions. It does appear that the applicant has returned to work with said permanent limitations in place. In a February 5, 2013 progress note, the applicant is described as having advanced bilateral knee arthritis. It is stated that the applicant needs to obtain a right total knee arthroplasty. A caregiver is sought postoperatively. The applicant is asked to obtain a Synvisc injection for the left knee and obtain a right knee total knee arthroplasty. Norco, Naprosyn, glucosamine, and tramadol are seemingly endorsed. The applicant is described as working with permanent limitations in place. A November 12, 2013 progress note is notable for comments that the applicant reports worsening knee pain. She states that she believes Norco and tramadol are too strong for her. Well-preserved knee range of motion with medial and lateral joint line tenderness is appreciated. A urine drug test is performed. The attending provider states that he is trying to obtain reconsideration for the previously denied total knee arthroplasty. Motrin and Prilosec are endorsed. The attending provider again states that the applicant is working with permanent limitations in place. Various agents, including topical compounds, Norco, Sentra, glucosamine and Motrin are endorsed. AppTrim is apparently endorsed for weight loss purposes. The applicant is described as

morbidly obese; however, her weight, height, and BMI did not appear to be described on any recent progress note provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 CARTIVISC 300/200/150MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended in the treatment of knee arthritis, as is seemingly present here. The attending provider has seemingly posited that the applicant has advanced left and right knee arthritis for which ongoing usage of Cartivisc (glucosamine) is indicated. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

FLURBIPROFEN-CYCLOBENZAPRINE 15/10%: 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 And 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

180GRAMS OF TRAMADOL-GABAPENTIN-CAMPHOR-CAPSAICIN 8/10/2/2/.05%: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, one of the ingredients in the compound here is not recommended for

topical compound formulation purposes. Again, this unfavorable recommendation on one of the ingredients in the compound results in the entire compound's carrying an unfavorable recommendation, per 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified.

120 APPTRIM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 3rd Edition, Chronic Pain Chapter

Decision rationale: The MTUS does not address the topic. As noted in the 3rd Edition ACOEM Guidelines, vitamins, nutritional supplements, and alternate medications are not recommended or endorsed in the treatment of chronic pain. In this case, the attending provider has seemingly posited that he intends for the applicant to use AppTrim for weight loss purposes, but has not documented the applicant's height, weight, or BMI. Therefore, the request is not certified, on independent medical review.

60 SENTRA PM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 3rd Edition, Chronic Pain Chapter, Alternative Treatment Topic

Decision rationale: The MTUS does not address the topic of Sentra usage. However, the 3rd Edition ACOEM Guidelines note that complimentary or alternative treatments or dietary supplements such as Sentra are "not recommended" for the treatment of chronic pain as they have not been shown to produce any meaningful benefit or improvement in terms of functional outcomes. In this case, the attending provider has not furnished any narrative commentary or rationale so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request remains not certified, on independent medical review.

URINE DRUG SCREEN (RETRO-10/8/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain context, the MTUS does not establish specific parameters for or a frequency with which to perform drug testing. The ODG Chronic Chapter Urine Drug Testing Topic, however, suggest that an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with any request for authorization for testing. The attending provider should also clearly state how the results of the testing would influence treatment. An attending provider should also attach an applicant's complete medication list to the request for authorization for testing, ODG further notes. Finally, an attending provider should try and conform to the best practices of the [REDACTED] [REDACTED] which represents the most legally defensible means of performing drug testing. In this case, based on the results of prior drug tests, including one dated April 23, 2013, the attending provider is not confirming to any standard testing protocol. The attending provider, on that occasion, tested for multiple metabolites and further performed confirmatory testing, which is not recommended, per ODG, outside of the emergency department drug overdose context. The attending provider did not clearly document the applicant's complete medication list or medication profile. The attending provider did not state which drug tests and/or drug panels he was testing for on October 8, 2013. It appears that the attending provider also tested the applicant on August 6, 2013. It was not clearly stated why the applicant needs such frequent drug testing. For all of the stated reasons, then, the request is retrospectively not certified, on independent medical review.