

Case Number:	CM13-0069890		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2012
Decision Date:	06/04/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation 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 patient is a 42 year old female who was injured on 12/10/2012 when she walked down steps to a building and felt sudden pain in the right knee. Prior treatment history has included ibuprofen, Tramadol, Excedrin; topical creams such as Ketoprofen, Gabapentin, and Xanax. The patient underwent a right knee arthroscopic partial medial meniscectomy; chondroplasty of the patella; synovectomy; diagnostic arthroscopy; and placement of the pain pump on 09/13/2013. Urine toxicology report dated 08/08/2013 show there were no drugs or medications detected in her urine. On the day of collection, the patient was dispensed Naprosyn and Prilosec only. Orthopedic re-evaluation note dated 12/03/2013 indicates the patient is 2-1/2 month's post arthroscopic partial medial meniscectomy and chondroplasty of the patella. The patient actually has not started physical therapy. She is scheduled to start tomorrow. She has been doing exercises at home. She feels that she has been doing well for the most part although she did go into a Cam walker for her left leg and foot and a couple of weeks ago and it flared up her right knee and now it has quieted down, now that she is not in a Cam walker. The patient takes Xanax 1 mg at bedtime for sleep. She has been using the topical cream of Ketoprofen, Gabapentin and Tramadol. On exam, she walks without an antalgic limp. She is a little bit stiff. The knee exam shows the patient can only squat about 50% limited by her knee on the right. She has range of motion of her knee; however, when she is not weightbearing, she has a range of 0-105 degrees compared to 0-110 degrees on the left. There is no sign of infection. She only has a grade 1 synovitis today. There is minimal tenderness of her knee. Diagnoses are right medial meniscus tear, posterior horn peripheral horizontal cleavagetype; bilateral plantar fasciitis; anxiety; and status post medial meniscectomy and chondroplasty of the patella dated 09/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A URINE DRUG SCREEN PERFORMED ON 12/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Indicators For Addiction, Page(s): 87-91.

Decision rationale: According to the CA MTUS guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physician has not documented any aberrant or suspicions drug seeking behavior. Furthermore, the medical records do not establish the patient was on a chronic opioid regimen. Based on this, and absence of support within the evidence based guidelines, it does not appear that a urine drug screen was necessary. The medical necessity of the requested urine drug screen is not established.

POST OP PHYSICAL THERAPY QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-surgical treatment guidelines, a total of 12 visits over 12 weeks is recommended following the patient's surgery. The guidelines state that an initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Orthopedic re-evaluation note dated 12/03/2013 indicated the patient was 2-1/2 months post arthroscopic partial medial meniscectomy and chondroplasty of the patella, and was scheduled to start therapy the next day. She had been doing exercises at home. The medical records do not document how many post-op PT sessions the patient has completed to date. Following surgery, an initial post-op course of 6 sessions would have been indicated. Therefore, the request for 12 postop therapy sessions is not supported by the guidelines.

KETOPROFEN 20% TOPICAL CREAM 30GM QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Page(s): 111-113.

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

Decision rationale: According to CA MTUS guidelines, Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The CA

MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested topical compound is not supported as medically necessary.

GABAPENTIN 10% TOPICAL CREAM 40GM QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Page(s): 111-113.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines.

TRAMADOL 20% TOPICAL CREAM 30GM QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Page(s): 111-113.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. The medical records do not establish this patient has moderate to severe pain and failed standard conservative measures. In addition, the documentation does not establish the patient is unable to tolerate standard oral medications. The medical necessity of this topical is not established.

XANAX 1MG QTY: 60: Upheld

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

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

Decision rationale: The MTUS guidelines state Xanax is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. The medical records indicate the patient had been using Xanax chronically. According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. In addition, the medical records do not document subjective complaints, objective findings/observations, and a diagnosed anxiety disorder. According to the medical records, the patient reported taking Xanax for sleep, which is not the intended purpose. Based on these factors, Xanax is not recommended according to the guidelines, and the request is not appropriate or medically necessary.