

Case Number:	CM13-0070243		
Date Assigned:	05/16/2014	Date of Injury:	07/23/2013
Decision Date:	07/11/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Orthopedic Surgery 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 injured worker is a 47 year old male who sustained an injury on 07/23/13 when his right knee gave out and he felt a loud pop in the right knee. The injured worker has been treated initially with immobilization. The initial physical examination from 07/29/13 noted limited range of motion in the right knee with a mild antalgic gait. There was a positive Lachman's sign 2-3+ as well as positive McMurray's testing. MRI studies were recommended at this visit. Imaging found disruption of the ACL as well as a non-displaced fracture at the lateral tibial plateau and probable meniscal tearing. The injured worker was recommended for a surgical intervention. Pending surgical procedures, the injured worker was continued on Naprosyn, Prilosec, and topical compounded medications for right knee pain. The injured worker did undergo medial and lateral meniscectomy with synovectomy on 10/18/13. As of 11/21/13, the injured worker had been attending physical therapy postoperatively. The injured worker was still taking Norco 10/325mg as needed but less than once a day. The injured worker did report gastric side effects for which Prilosec was prescribed. The injured worker was also utilizing topical compounded medications to include Ketoprofen, Gabapentin, and Tramadol. On physical examination, there was the ability to almost fully squat. Some weakness remained in the right lower extremity. The injured worker was recommended to continue with further physical therapy for an additional 18 sessions. Follow up on 01/09/14 indicated the injured worker had no further knee pain and was working within restrictions. At this evaluation, the injured worker was not taking any oral medications. The injured worker continued to utilize a Ketoprofen, Gabapentin, and Tramadol compounded topical medication. On physical examination, there was still some limitation in squatting to the right side. There was 1+ effusion in the right knee. Range of motion was somewhat restricted on flexion. No motor weakness was identified except for some mild residual weakness at the right quadriceps. The injured worker was seen on

03/17/14 with some residual right knee complaints. Physical examination noted full range of motion in the right knee. There was a 2+ positive Lachman's sign noted. There was some increased tone in the right quadriceps that was somewhat less than the left side. The injured worker was felt to be at MMI at this visit. The requested urinary toxicology screening, prescription for topical creams to include Gabapentin, Ketoprofen, and Tramadol, as well as 18 physical therapy sessions were all denied by utilization review on 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREENING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, UDS.

Decision rationale: In regards to the requested urinary toxicology screening, the clinical documentation submitted for review does not supported this test as medically necessary. The injured worker reported utilizing Norco infrequently at less than once per day. The clinical documentation did not provide any indication that there were concerns regarding medication use or any attempts at diversion. No risk stratification for opioid misuse was provided for review to support for urinary drug screen. Therefore, this request is not medically necessary.

1 PRESCRIPTION FOR TOPICAL CREAMS (GABAPENTIN, KETOPROFEN, TRAMADOL): Overturned

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 Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for topical medications to include Gabapentin, Ketoprofen, and Tramadol, the clinical records do note that the injured worker continued to utilize this topical medication through 2014 for intermittent and residual right knee pain. No other oral medications were being utilized by the injured worker and the injured worker did demonstrate good functional ability with the use of this topical medication. Although Chronic Pain Medical Treatment Guidelines generally consider compounded topical medications as experimental and investigational, in this case the patient is an outlier to the normal guideline recommendations as there was evidence of efficacy obtained with the use of this topical medication as well as a reduction of standard oral medications. Therefore, this request is medically necessary.

