

Case Number:	CM14-0000546		
Date Assigned:	01/10/2014	Date of Injury:	03/19/2012
Decision Date:	04/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/01/2014

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, has a subspecialty in Interventional Spine 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:

This is a 43 year-old male who was injured on 3/19/12. He has been diagnosed with s/p bilateral knee arthroscopies; (10/12/12 -left and 2/15/13 -right) chronic lumbar myofasciitis superimposed on DDD and DJD; chondromalacia of bilateral knees. On 12/27/13 UR recommended non-certification for a Lumbar MRI; Supartz injection to the right knee; Terocin cream; gabacyclotram cream; and a Toradol injection; and modified the request for acupuncture x6 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178 303-305.

Decision rationale: The patient presents with back, bilateral knee and right ankle pain. On the 11/08/13 orthopedic report, there was a request for a lumbar MRI. Subjectively the patient states the back pain goes down the left leg and foot and there is tingling and numbness with the pain. SLR was positive left, negative right. There is no specific nerve compromise identified, and there

is no description of whether the left leg paresthesia follows a dermatomal pattern. MTUS/ACOEM states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The lumbar MRI is not in accordance with strict application of the MTUS/ACOEM guidelines and cannot be recommended by this IMR.

A SUPARTZ INJECTION TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Hyaluronic Acid Injections

Decision rationale: ODG guidelines state these are an option for severe osteoarthritis of the knee. The patient was not reported to have severe osteoarthritis of the right knee. There was no mention of osteoarthritis on the 5/9/13 MRI of the right knee, and no mention of arthritis on the 2/15/13 right knee operative report. ODG provides a list of 9 items and states at least 5 are required to document severe osteoarthritis. This patient was only described as meeting one item, crepitus. The request for a Supartz injection in a patient without severe osteoarthritis is not in accordance with ODG guidelines.

TEROCIN CREAM: Upheld

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

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

Decision rationale: The patient presents with back, bilateral knee and right ankle pain. Terocin is a compounded topical with methyl salicylate, capsaicin, menthol and Lidocaine. MTUS states these are recommended after failure of antidepressants or anticonvulsants and MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains topical lidocaine. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. So a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria.

GABACYCLOTRAM CREAM: Upheld

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

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

Decision rationale: The patient presents with back, bilateral knee and right ankle pain. On page 111, under topical analgesics, MTUS gives a general statement about compounded products stating that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states gabapentin is not recommended for topical applications, therefore any compounded topical containing gabapentin is not recommended.

ACUPUNCTURE FOR THE LUMBAR SPINE (6 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The physician suggested a trial of acupuncture for the low back. The MTUS acupuncture guidelines, state that if acupuncture is going to be beneficial, there should be some indication of functional improvement within the first 3-6 sessions. The request for a trial of acupuncture x6 is in accordance with the MTUS/acupuncture guidelines.

TORADOL INJECTION DISPENSED ON 11/8/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation ODG, Pain Chapter, Toradol

Decision rationale: The request is for a Toradol injection for pain. MTUS guidelines provide a boxed label for Toradol, stating that it is not for chronic painful conditions. The use of Toradol for the chronic back, knee or ankle pain does not appear to be in accordance with MTUS guidelines..