

Case Number:	CM14-0105970		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2011
Decision Date:	09/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 11/15/2011. The current diagnosis is patellar tendinitis. The mechanism of injury was not specifically stated. The injured worker was evaluated on 05/29/2014. Previous conservative treatment is noted to include medications, activity modification, home exercise, and extracorporeal shockwave therapy. It is also noted that the injured worker underwent a right knee surgery in 05/2012. The injured worker presented with complaints of 8/10 right knee pain and 7/10 left knee pain. Physical examination on that date revealed grade 3 tenderness to palpation, restricted right knee range of motion, swelling and tenderness over the medial and lateral joint line, and positive McMurray's testing bilaterally. Diminished strength in the right knee at 4/5 was also noted. Treatment recommendations included revision arthroscopic surgery to the right knee, a urine toxicology screening, prescriptions for 2 compounded creams and cyclobenzaprine 7.5 mg, and a home exercise program. A Request for Authorization form was then submitted on 05/29/2014 for a home exercise program, 2 compounded creams, cyclobenzaprine, a urine toxicology screening, and a revision arthroscopic surgery for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient revision arthroscopic surgery right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there were no imaging studies provided for this review. Therefore, the injured worker does not currently meet criteria for the requested procedure. As the medical necessity has not been established, the request for Outpatient revision arthroscopic surgery right knee is not medically necessary.

Fluriflex 180gm: 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: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request for FluriFlex 180gm is not medically necessary.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. As such, the medical necessity has not been established. Therefore, the request for Urine Toxicology is not medically necessary.

Home exercise program: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: The California MTUS Guidelines state a number of treatment options are available to the clinician treating acute and subacute knee pain including instruction in a home exercise program. Except in cases of significant injury, patients with knee problems can be advised to do early straight leg raising and active range of motion exercises. Therefore, the current request can be determined as medically appropriate in this case. As such, the request for Home exercise program is medically necessary.

TGHOT 180GM: 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: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. As such, the request for TGHOT 180GM is not medically necessary.

Cyclobenzaprine 7.5mg # 60: 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): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no documentation of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request for Cyclobenzaprine 7.5mg # 60 is not medically necessary.