MAXIMUS Federal Services

Case Number:	CM14-0107542		
Date Assigned:	07/14/2014	Date of Injury:	09/23/2010
Decision Date:	09/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 a represented [redacted] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of September 23, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier knee surgery; and extensive periods of time off of work.In a utilization review report dated April 3, 2014, the claims administrator approved a request for Zofran and gabapentin while denying LidoPro lotion and amoxicillin.The applicant's attorney subsequently appealed.In a March 13, 2014 progress note, the applicant reported 4 to 5/10 knee pain. The applicant was using Norco, Flexeril, and Remeron. The applicant was having issues with depression and insomnia, it was further noted. It was stated that the applicant was in the process of pursuing knee surgery. Zofran was endorsed for postoperative nausea purposes. Gabapentin was endorsed for neuropathic pain. LidoPro lotion was also prescribed, along with Norco, tramadol, and Remeron. A knee brace was also sought. The applicant was not working, it was acknowledged, and was reportedly unemployed. It was not stated what form of knee surgery was being considered here. The attending provider stated that the applicant was using amoxicillin for prophylactic effective measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 ounces: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including gabapentin, Norco, tramadol, Flexeril, Naprosyn, etc., effectively obviates the need for what page 111 of MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents and topical compounds such as LidoPro. Therefore, the request is not medically necessary.

Amoxicillin: 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.

Decision rationale: The MTUS does not address the topic of antibiotic prophylaxis surrounding knee surgery. However, as noted in the Third Edition ACOEM Guidelines Knee Chapter, one-day use of systemic antibiotics is "moderately recommended" for applicants undergoing surgical knee procedures. In this case, it is acknowledged that the attending provider has failed to state what surgical procedure the applicant is in fact undergoing. The attending provider has also failed to state the duration of antibiotic usage. Nevertheless, ACOEM does seemingly suggest that provision of antibiotics is advisable for prophylactic purposes for applicants undergoing knee surgery, as is apparently set to transpire here. Providing amoxil, then, is preferable to denying the same, despite the imprecision of the request. Therefore, the request is medically necessary.