MAXIMUS Federal Services

Case Number:	CM14-0013987		
Date Assigned:	02/26/2014	Date of Injury:	12/24/2010
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 57-year-old female who reported an injury on 12/24/2010. The mechanism of injury was that the injured worker was walking from a parking structure to a building, tripped over a parking barrier, fell forward onto out stretched hands, and landed on her knees and twisted her ankle. The documentation of 12/16/2013 revealed the injured worker had pain in the knees, feet, ankles, back, hands, and wrists. The physical examination revealed a lumbar stretch sign that was positive at 70 to 80 degrees, wrist decreased sensation in a median distribution, and knee swelling with a positive McMurray's with patellofemoral crepitus. It was indicated that x-rays were taken including a 3 view of the knees and a 3 view of the spine. The diagnoses included lumbar hyperextension/hyperflexion, knee chondromalacia, status post right knee arthroscopy, wrist contusion strain, and morbid obesity. The treatment plan included acupuncture times 8, aquatic therapy, and a left knee MRI as well as a Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2 ND EDITION, KNEE CHAPTER, ALGORITHMS 13-1 AND 13-3,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The ACOEM Guidelines indicate that special studies are not needed to evaluated most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review indicated that the injured worker had undergone x-rays of the knee. There was a lack of documentation indicating the results of the knee x-ray to support the necessity for an MRI of the left knee. There was a lack of documentation of conservative care. Given the above, the request for an MRI of the left knee is not medically necessary.

8 ACUPUNCTURE TREATMENTS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review indicated the injured worker had lumbar sciatic stretch signs that were positive at 70 to 80 degrees. However, there was a lack of documentation indicating the injured worker would be utilizing acupuncture when pain medication is reduced or not tolerated. The clinical documentation indicated the request was for 8 visits and the time to produce functional improvement is 3 to 6 treatments. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 8 acupuncture treatments for the lumbar spine are not medically necessary.

BUTRANS PATCHES 10 MCG ONE PATCH PER WEEK, QTY: 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BUPRENORPHINE Page(s): 26.

Decision rationale: The California MTUS Guidelines recommend buprenorphine for the treatment of opiate addiction and it is also recommended as an option for chronic pain after detoxification in injured workers who have a history of opiate addiction. The clinical documentation submitted for review failed to provide documentation of the duration of use for the Butrans patch. There was a lack of documented rationale for the use of this medication and that the injured worker had a history of opiate addiction and subsequent detoxification. Given the

above and the lack of documentation of exceptional factors, the request for Butrans patch 10 mcg 1 patch per week, quantity 4, is not medically necessary.

COMPOUND CREAM OF FLURBIPROFEN/CYCLOBENZAPRINE 15/10% 180 GRAM TO BE APPLIED TO THE AFFECTED AREA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLURBIPROFEN TOPICAL; ANALGESICS; CYCLOBENZAPRINE Page(s): 72;111;41.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. California MTUS Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation including the duration of use for the requested medication. Flurbiprofen and cyclobenzaprine are not recommended, therefore, the compound cannot be recommended. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above, the request for compound cream of Flurbiprofen/cyclobenzaprine 15/10% 180 gm to be applied to the affected area is not medically necessary.