MAXIMUS Federal Services

Case Number:	CM14-0018011		
Date Assigned:	04/16/2014	Date of Injury:	10/18/2012
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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, 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 injured worker is a 53-year-old female who reported an injury on 10/18/2012. The mechanism of injury was repetitive job duties. The injured worker's medications as of 06/2013 included Benadryl 25mg 3 times a day, Lipitor 10mg once a day, Boniva 1 pill once a month, hydrocodone 5/500 as needed, Naproxen 500mg once a day, and Xanax 0.25mg as needed, as well as Pepcid 40mg twice a day. The documentation of 01/10/2014 revealed the injured worker had complaints of mild improvement of the cervical spine and lumbar spine. The injured worker was undergoing chiropractic treatment for the lumbar spine and the injured worker indicated they had complaints of pain. The injured worker had a right knee chondral flap and meniscal tear repair on 11/07/2013. The diagnoses included cervical spine sprain/strain with bilateral upper extremity radiculopathy rule out herniated nucleus pulposus, bilateral shoulder sprain/straight with tendonitis, bilateral wrist sprain/strain chronic rule out carpal tunnel syndrome, and left knee anterior cruciate ligament (ACL) tear with chondromalacia patella and bilateral ankle sprain and strain. The motor testing revealed the injured worker had 4+/5 strength in the bilateral shoulders and upon wrist extension, wrist flexion, grip, and finger flexion and finger extension. The injured worker additionally had 4+/5 strength in the knee flexors, extenders, dorsal flexion, great toe flexion and plantar flexion. Sensation was decreased in the bilateral C8 and T-1 level. The straight leg raise was positive bilaterally. The injured worker had spasms in the cervical and cervical thoracic spine as well as the lumbar and lumbosacral spine bilaterally. The injured worker had tenderness to palpation bilaterally in the cervical, cervical thoracic, thoracic lumbar, lumbar and lumbosacral regions. The treatment plan included acupuncture 2x6 postoperatively for the right knee, Vicodin 5/500 1 twice #60 refill x1, Naproxen 550mg 1 twice a day as needed #60 refill x1, Prilosec 20mg 1 twice a day as needed #60 refill x1, and Keto-lid cream PRN (as needed) 240g with 1 refill as well as physical therapy 3x4 for the right knee postoperatively,

electromyography (EMG)/NCV (nerve conduction velocity) of bilateral upper extremities, MRI (magnetic resonance imaging) of the cervical and lumbar spine and a podiatry consult for bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 6 (R) KNEE, POST-OP: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation http:www.coworkforce.com/dwc/Rules/Rules2005/Final%Exh.%206%20Lower%20Extremity%20Injury.pdf

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medications is reduced or not tolerated and is recommended as an adjunct to physical rehabilitation or surgical intervention to facilitate functional recovery. The time to produce functional improvement is 3-6 treatments. The clinical documentation submitted for review indicated the injured worker underwent surgery on 11/07/2013. There was lack of documentation indicating the injured worker had not tolerated pain medication or pain medication was reduced. There is lack of documentation indicating the injured worker had failed physical therapy and/or had other treatment since the surgical procedure. The request as submitted would be excessive. Given the above, the request for acupuncture 2x6 right knee postoperatively is not medically necessary.

VICODIN 5/500MG 1 BID PRN #60 REFILL: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT, Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There is lack of documentation of the above criteria. The clinical documentation failed to indicate a necessity for a refill without re-evaluation. Given the above, the request is not medically necessary.

NAPROXEN 550MG 1 BID PRN #60 REFILL: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of acute pain. They are generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review revealed the injured worker had been utilizing for greater than 6 months. There is lack of documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate a necessity for one refill without re-evaluation. Given the above, the request for Naproxen 500mg 1 BID PRN #60 with one refill is not medically necessary.

PRILOSEC 20MG 1 BID PRN #60 REFILL: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing this classification of medication for greater than 6 months. There is lack of documented efficacy for the requested medication. There was lack of documentation indicating a necessity for 1 refill without re-evaluation. This request was concurrently being reviewed with a request for Naproxen which was found to be not medically necessary. The request for Prilosec would be not supported. Given the above, the request for Prilosec 20 mg 1 BID PRN #60 refill 1 is not medically necessary.

KETO-LIDO CREAM PRN 240GM REFILL: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; KETOPROFEN, LIDOCAINE, Page(s): 111; 112.

Decision rationale: The California MTUS indicate that 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. The MTUS guidelines state that nny compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen, this agent is not currently Food and Drug Administration (FDA) approved for a topical application. Lidocaine/Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. Additionally, this compound contains 2 medications that are not approved per California MTUS Guidelines. The duration of use could not be established through submitted documentation. The clinical documentation failed to indicate for 1 refill without re-evaluation. Given the above, the request for keto-lido cream PRN 240g refill 1 is not medically necessary.