

Case Number:	CM14-0110426		
Date Assigned:	08/04/2014	Date of Injury:	12/17/2006
Decision Date:	12/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

The patient is a 60 year old female with an injury date of 12/17/06. Per physician's progress report dated 06/19/14, the patient complains of significant pain in the left knee with some numbness and spasms. Physical examination of the left knee reveals decreased sensation to light touch, decreased range of motion, and swelling. (Other progress reports were illegible). The Emergency Room record dated 03/05/14 reveals medial knee tenderness on palpation along with painful range of motion. A Medical-Legal evaluation, dated 02/04/14, reveals 24% Whole Person Impairment at the left knee and 20% Whole Person Impairment at the right knee. The list of medications, as per 06/19/14, report includes Naprosyn, Omeprazole, Flexeril, and Neurontin. The patient underwent arthroscopic knee surgery, partial knee replacement of the right knee, and left meniscal repair, greater than two years ago, as per Emergency Room Record dated 03/05/14. X-ray of the Left Knee, 03/05/14: Tricompartamental osteoarthritis with moderate to severe medial compartment changes. Diagnosis, 06/19/14 was: - Chronic myofascial pain syndrome- Left knee pain. The provider is requesting for (a) Flector patches #30 (b) TENS unit pads replacement x 2 (c) Mentherm gel 120mg 2 bottles. The utilization review determination being challenged is dated 06/30/14. The rationale follows: (a) Flector patches #90 - "CA MTUS do not support the use of topical NSAIDs for other than short-term treatment, the records do not provide an alternate rationale for this request." (b) TENS unit pads replacement x 2 - "The records do not document a neuropathic pain diagnosis for which TENS would be indicated." (c) Mentherm gel 120mg 2 BOTTLES - "The records do not document a rationale or proposed mechanism of action for this topical product consistent with CA MTUS recommendations." Treatment reports were provided from 02/04/14 - 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 111, 112, 113. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter (Updated 06/10/14) - Flector Patch (Diclofenac Epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Regarding topical NSAIDs Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain and Topic Flector patch

Decision rationale: The patient complains of significant pain in the left knee with some numbness and spasms, as per physician's progress report dated 06/19/14, and underwent arthroscopic knee surgery, partial knee replacement of the right knee, and left meniscal repair, greater than two years ago, as per Emergency Room Record dated 03/05/14. The request is for Flector patches # 90. Regarding topical NSAIDs, MTUS Topical Analgesics, pages 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." This patient presents with significant left knee pain for which a topical NSAID is indicated. Flector patch is first mentioned in progress report dated 03/12/14. However, the provider does not state how this product promotes reduction in pain and improvement in function. Furthermore, the MTUS and ODG guidelines only support a short-term use. Therefore, the request is not medically necessary.

TENS unit pads replacement x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: The patient complains of significant pain in the left knee with some numbness and spasms, as per physician's progress report dated 06/19/14, and underwent arthroscopic knee surgery, partial knee replacement of the right knee, and left meniscal repair, greater than two years ago, as per Emergency Room Record dated 03/05/14. The request is for TENS unit pads replacement x 2. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit

was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit is on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, the physician is requesting for TENS unit pads, not the unit itself, The provider indicates in the progress report dated 07/13/14 (Which is dated after the Utilization Review Denial Letter), that the device "has decreased her level of pain and has allowed her to be more independent with ADLs." Therefore, the request is medically necessary and appropriate.

Menthoderm gel 120gm 2 bottles: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical Page(s): 105.

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

Decision rationale: The patient complains of significant pain in the left knee with some numbness and spasms, as per physician's progress report dated 06/19/14, and underwent arthroscopic knee surgery, partial knee replacement of the right knee, and left meniscal repair, greater than two years ago, as per Emergency Room Record dated 03/05/14. The request is for Mentoderm gel 120mg 2 bottles. Mentoderm gel contains Methyl Salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient presents with left knee pain along with some numbness and spasms. for which topical NSAID may be indicated. Mentoderm gel was first mentioned in progress report dated 06/19/14. However, the provider does not discuss how this topical gel will benefit the patient. In the progress report dated 07/13/14 (Which is dated after the Utilization Review Denial Letter), the provider says that "Menthoderm gel is essential in controlling the inflammation and neuropathic pain in her knees." The patient does present with severe arthritis of the knee joint for which topical NSAIDs are supported per MTUS. Mentoderm gel 120gm 2 bottles are medically necessary and appropriate.