

<b>Case Number:</b>	CM14-0125525		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Orthopedic Surgery 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 claimant is a 47-year-old female who injured her left lower extremity in a fall ON 09/25/13. Records for review indicate a recent progress report of a 06/24/14 indicating the claimant was with continued complaints of pain about the left knee with swelling as well as isolated bilateral foot pain. There was pain about the right ankle. Examination describes healed arthroscopic portal sites from previous right knee procedure with left knee examination showing tenderness to palpation, restricted range of motion, and ankle examination showing joint line tenderness and tenderness over the plantar fascia. Documentation at that time gave the claimant a diagnosis of bilateral knee sprain with underlying plantar fasciitis. Recommendations were for a Functional Capacity examination, purchase of an interferential device, continued use of Norco, and topical compound containing Gabapentin, Ketoprofen, and Lidocaine with 12 additional sessions of acupuncture. Records indicate prior treatment with acupuncture, medication management, but failed to demonstrate any recent return to work attempts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Function Capacity evaluation:** 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 -- California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain Page(s): 125-126.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, a Functional Capacity examination would not be indicated. The MTUS states, "An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)." In this case, the injured worker fails to demonstrate any evidence of prior return to work attempts. Functional capacity examinations are typically recommended to demonstrate maximal effort before returning to work. Without indication of a prior attempt at return to sustainable work function, the request for an Initial Function Capacity evaluation is not medically necessary and appropriate.

**Interferential unit, lumbosacral spine, left ankle and bilateral knees:** 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 -- MTUS Chronic Pain Page(s): 118, 120.

**Decision rationale:** California MTUS chronic pain guidelines would not support the purchase of an interferential device. The MTUS states, "There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Typically interferential devices are recommended as an adjunct to a program of evidenced based restoration that would include return to work, exercises, and medications and are not recommended as a standalone or isolated treatment. Records in this case as stated fail to demonstrate any evidence of return to work attempts. Without documentation of the above, the use of this device as a standalone treatment would not be indicated. The request for an interferential unit, lumbosacral spine, left ankle and bilateral knees is not medically necessary and appropriate.

**Norco 5mg, quantity 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 -- California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain. Opioids- Criteria For Use Page(s): 76-810.

**Decision rationale:** CA MTUS chronic pain medical treatment guidelines would not support continued use of Norco. In the chronic setting, the use of short acting narcotic analgesics are only supported if there is demonstration of advancement of treatment, function, and pain relief noted. This individual has demonstrated no advancement of underlying activity levels with

usage of this agent with no documentation of benefit noted at recent examination. The continued use of Norco for short acting narcotic analgesic purposes would not be indicated.

**Gaba/Keto/Lido topical cream, unspecified strength:** 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 California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support the topical compound containing Gabapentin, Ketoprofen, and Lidocaine. The MTUS states, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines indicate that if any one agent is not supported the agent as a whole is not supported. Currently guideline criteria does not support the topical use of Gabapentin or neuropathic agents and the FDA does not currently approve the topical use of Ketoprofen. Due to lack of support for these agents, the topical compound as a whole would not be indicated. The request for Gaba/Keto/Lido topical cream, (unspecified strength) is not medically necessary and appropriate.

**Acupuncture, 3 times a week for 4 weeks, for the bilateral knees, left ankle and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support 12 additional sessions of acupuncture. Guidelines in regards to acupuncture indicate that its optimal duration is one to two months with timeframe to demonstrate functional improvement of three to six treatments. There is already documentation of prior acupuncture being utilized in this individual's course of care. The request for 12 additional sessions of acupuncture would exceed guideline criteria for both frequency and duration. Therefore, the request for acupuncture, 3 times a week for 4 weeks, for the bilateral knees, left ankle and lumbar spine is not medically necessary and appropriate.