

Case Number:	CM14-0154017		
Date Assigned:	09/23/2014	Date of Injury:	07/11/2014
Decision Date:	11/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal 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 injured worker is a 59-year-old man with a date of injury of July 11, 2014 documented as repetitive trauma. The initial injury occurred July 2012 when he was trying to take off a valve. The valve gave way, and the injured worker fell backwards, twisted his knee. He felt a pop in his knee. He continued to work for approximately 9 months thinking he just had a sprain. As the pain worsened over that 9-month period of time, he eventually reported the injury and was seen at a clinic. One November 14, 2013, the injured worker underwent right knee surgery. On June 2, 2014, he was declared permanent and stationary. Pursuant to the orthopedic surgeon's note dated August 7, 2014, the injured worker presents for a follow-up with complaints of intermittent aching pain in the right knee, localized. He has weakness and instability in the knee and difficulty with ascending and descending stairs and has to hold on to the rail. He states he walks with uneven gait at times with heavy activity. Pain is increased when bending, stooping, and squatting. Pain is exacerbated with prolonged standing and walking with heavy activity. The injured worker is working and performing usual and customary duties. He reports weight gain. Objective findings include antalgic gait and utilization of a knee brace. Patellar tracking is abnormal and patellar grind maneuver is positive. Popliteal cyst is absent and hamstring tenderness is present. There is severe tenderness to medial and lateral aspect and swelling is present. Pulses intact. Positive McMurray's test. Drawer's test and Lachman instability are negative October 2, 2014. Varus-valgus stress test was mildly positive. Instability test is negative. Range of motion of right knee extension 165 and flexion 110. Diagnoses include: Posttraumatic right knee arthrosis, possible meniscus tear. There is no documentation of re-injury. There are positive physical examination findings, however minimal conservative treatment noted. There has been no physical therapy or participation in home exercise program. Plan: Transdermal creams will be prescribed for the knee: TGHot

(Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/. 05%) cream; TGI cream (Tramadol/Gabapentin/Menthol/Camphor 8/10/2/2%) cream. The injured worker takes baby Aspirin daily, and it is the only medication that he takes. Other medication to be prescribed are: Valium 10mg, 2 tablets to take one in the morning and one in the afternoon for anxiety and sleep; Diclofenac XR 100mg, one tablet daily as prescribed as an anti-inflammatory #30; Tramadol/APAP 37.5/325mg, one tablet orally every 6 to 8 hours as needed is prescribed for pain relief #100. An MRI scan of the right knee with gadolinium is recommended. Part of the treatment plan pending the MRI could involve the need for arthroscopic surgery. The injured worker currently works at full-unrestricted duty. He will continue to use a knee wrap when he has physical duties along with his prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee with gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, MRI

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, the MRI of the right knee with gadolinium is not medically necessary. The routine use of MRI for follow-up of asymptomatic patients is not recommended. The ACOEM states imaging studies are not recommended in the absence of red flag diagnoses or objective evidence of meniscal or ligamentous tear and disabling mechanical signs. The guidelines go on to state that relying solely on imaging studies to evaluate the source and related symptoms carries a significant risk of diagnostic confusion. The Official Disability Guidelines state magnetic resonance imaging is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. In this case, there are varying physical findings in the orthopedic evaluations. In the October 2014 orthopedic evaluation the drawers test and Lachman test was negative and the instability test was negative. In the August 2014 exam, there was severe tenderness in medial and lateral aspect. Swelling is present. McMurray's test, drawers test, Locke and instability were all positive. The injured worker was working full time, however. The injured worker did not undergo any repeat physical therapy and was not participating in a home exercise program. Based on clinical information in the medical record in the peer review evidence-based guidelines, the MRI of the right knee with gadolinium is not necessary.

Valium 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Benzodiazepines, Valium

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines, Valium 10 mg is not medically necessary. Valium is a benzodiazepine and is not recommended for long-term use because long-term use is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxing. Chronic benzodiazepine use is the treatment of choice in very few conditions. Tolerance develops rapidly. In this case, the injured worker was prescribed Valium 10mg. The instructions in the record state one tablet twice a day, in the morning and one in the evening. There was no quantity noted in the medical record or on the request. As noted above Valium is not recommended for long-term use, there is a risk of dependence, and the guidelines indicate use for two to four weeks. The absence of a quantity renders the Valium 10 mg not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Valium 10mg is not medically necessary.

Tramadol/APAP 37.5/325mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Tramadol Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol is not medically necessary. Tramadol is a synthetic opiate that affects the central nervous system. It has numerous potential side effects including but not limited to dizziness, nausea, constipation, headache, somnolence, flushing, vomiting and diarrhea. The criteria for opiate use include establishing a treatment plan, taking certain steps before therapeutic trial of opioids is started and develop a plan for ongoing management. In this case, the treating physician order included Tramadol/APAP 37.5/325mg #100. There was no treatment plan in effect nor was there an estimated length of time the injured worker was going to be maintained on Tramadol. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol/APAP 37.5/325 mg #100 is not medically necessary.

THhot cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pursuant to the California Pain Medical Treatment Guidelines and the Official Disability Guidelines, THhot cream #240gm is not clinically necessary. The guidelines state topical analgesics are largely experimental with few trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compound THhot contains Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Gabapentin is not recommended any compounded product that contains at least one drug (Gabapentin) that is not recommended is not recommended. Consequently, compound THhot is not recommended. Based on the critical information in the medical record in the peer-reviewed evidence-based guidelines, THhot cream #240gm is not medically necessary.

TGIce cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TGIce cream #240gm is not medically necessary. The guidelines state topical analgesics are largely experimental with few trials to determine efficacy and safety. The topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This compound contains Gabapentin. Any compounded product that contains at least one drug (Gabapentin) that is not recommended is not recommended. Consequently, the topical compound TGIce (with Gabapentin) is not medically necessary.