

Case Number:	CM14-0165766		
Date Assigned:	10/28/2014	Date of Injury:	01/08/2014
Decision Date:	12/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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 29 year old female with an injury date of 01/08/14. The 08/26/14 progress report by [REDACTED] states that the patient presents with headaches as well as burning radicular back pain and muscle spasms. She also presents with radicular lower back pain with associated numbness and tingling of the bilateral lower extremities along with burning bilateral knee pain and muscle spasms. All pain is rated 8/10. The provider states the patient experiences depression due to chronic pain. She has antalgic gait and the patient is unable to work. Examination of the thoracic spine shows tenderness with pain to palpation at the rhomboids and mid trapezius muscles. For the lumbar spine there is tenderness to palpation at the paralumbar muscles, quadratus, lumborum lumbosacral junction and at the PSIS with trigger points on the right and sciatic notch tenderness right over left. There is tenderness to palpation over the medial and lateral joint line and to the patella-femoral joint of the bilateral knees. The 04/06/14 MRI left knee presents the following impression: medial meniscus, small horizontal tear involving the body of the meniscus; lateral meniscus: complex tears involving the posterior horn; patellar chondromalacia; and knee joint effusion. The 09/19/14 MRI right knee shows: minimal knee joint effusion noted; no other gross pathology seen; and right knee lateral subluxation of the patella is seen with respect to the femur which appears most pronounced on extension. The patient's diagnoses include headache; sprain/strain of thoracic spine rule out disc displacement; sprain of ligaments of lumbar spine rule out disc displacement; radiculopathy lumbar region; strain/sprain of other unspecified parts of the right knee; unspecified internal derangement of right knee; sexual dysfunction; anxiety, mood, sleep disorder; and mild cognitive impairment, so stated. Medications are listed as Deprizine, Dicoprofol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, and Gabapentin, The utilization review being

challenged is dated 09/09/14. The rationale regarding right and left knee brace is that there is no documentation of patellar instability, ACL tear or MCL instability of that the patient would be stressing the knee under load. Reports were provided from 01/23/14 to 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Cream 165gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112.

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

Decision rationale: The provider requests Ketoprofen 20% cream 165gm (apply thin layer 3 times daily). MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." The reports show the patient has been taking this medication since at least at least 01/24/14 and the medication is intended to replace the use of oral NSAIDs. In this case, as Ketoprofen is not approved for topical formulation per MTUS, this request is not medically necessary.

Cyclobenzaprine 5% Cream 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: The provider requests Cyclobenzaprine 5% cream 100 gm. MTUS Topical Analgesics Pages 111-112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine is not supported for topical formulation Therefore, this request is not medically necessary.

Synapryn 10mg/1ml 500ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: The provider requests Synapryn (Tramadol Hydrochloride) 10 mg/1 ml 500 ML (3 times a day). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports consistently state, "The patient states the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep." Pain is routinely assessed through the use of pain scales. Pain is rated 5-7/10 on 02/19/14 and 8/10 on 08/26/14. No specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are not fully discussed. On 08/26/14 the provider states the patient denies any problems with medications, use of medications was explained and the medications should be discontinued if there are problems. Five urine toxicology reports are provided with collection dates from 01/22/14 to 05/21/14. All reports state "none detected" for all medications including Tramadol which was prescribed during this time. The provider does not discuss the results of these reports. Inconsistent results are not addressed as part of opiate management. No outcome measures are provided as required by the MTUS. Furthermore, there is no evidence of analgesia with use of this medication. To the contrary, the patient's pain seems to be increasing from 5-7/10 to 8/10 over time. Therefore, this request is not medically necessary.

Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63.

Decision rationale: The provider requests Tabradol (Cyclobenzaprine) 1 mg/ml 250 ml (2-3 a day). The reports show the patient has been taking this medication since at least 01/24/14. MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. On 02/09/14 the provider states that the patient has failed to respond to a course of NSAIDs and this treatment is deemed to be necessary. However, there is no discussion in the reports provided of short-term use as recommended by MTUS. In this case, the medication appears to have been used months longer than the 2-3 weeks recommended. Therefore, this request is not medically necessary.

Deprizine 15mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical
Evidence: National Library of Medicine
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106>

Decision rationale: The provider requests Deprizine (Ranitidine) 15 mg/ml 250 ml (2-3 x a day). The reports show the patient has been taking this medication since at least 01/24/14. MTUS and Official Disability Guidelines do not discuss this medication. National Institutes of Health, National Library of Medicine states the following: "Ranitidine is used to treat ulcers; gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and injury of the food pipe (esophagus); and conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome. Over-the-counter ranitidine is used to prevent and treat symptoms of heartburn associated with acid indigestion and sour stomach." The reports show that this medication is for prophylactic treatment for NSAID induced GI ulcer bleeds. The patient is documented to be using NSAID (Flurbiprofen). However, the provider does not provide GI assessment as required by MTUS. The patient also does not present with any complaints of GI issues to warrant the use of this medication. In this case, this request is not medically necessary.

Dicopanol 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Insomnia treatment

Decision rationale: The provider requests Dicopanol (diphenhydramine) 5 mg/ml 150 ml (1 ml at bedtime). The reports show the patient has been taking this medication since at least 01/24/14. Official Disability Guidelines, Mental Illness & Stress Chapter, Insomnia treatment topic states that, "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days." The reports state that the medication has been shown to be a safe and effective treatment of mild to moderate insomnia which is present in this patient. On 08/26/14 the provider states that medications temporarily improve pain and the patient's ability to have restful sleep. In this case, the medication is indicated for insomnia which is present in this patient. However, the provider does not document how the medication is specifically helping the patient's insomnia. Furthermore, the guidelines do not appear to support long-term use of this medication as Official Disability Guidelines states that tolerance develops quickly within a few days. Therefore, this request is not medically necessary.

Fanatrex 25mg/ml 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin; medication for chronic pain) Page(s): 18, 19, 60.

Decision rationale: The provider requests Fanatrex (Gabapentin) 25/mg ml 420 ml (5 ml 3xdaily). The reports show the patient has been taking these medications since at least 01/24/14. Regarding Gabapentin, MTUS pages 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The reports consistently state, "The patient states the symptoms persist but the medications do offer her temporary relief of pain and improved her ability to have restful sleep." The provider only provides general statement regarding all meds prescribed and does not discuss each medication including Gabapentin and how this medication helps the patient's pain condition. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. MTUS also requires at least 30% reduction of neuropathic pain with Gabapentin. Such documentations are not provided in this case. Therefore, this request is not medically necessary.

Periodic UA Toxicological evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-77, 78, 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: The provider requests Periodic UA Toxicology Evaluation. MTUS guidelines do not specify the frequency of UDS for risks of opiate users. Official Disability Guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. Five urine toxicology reports are provided for the period 01/22/14 to 05/21/14. All reports show "none detected" for prescribed medication including Tramadol which has been prescribed for the patient since at least 01/24/14. It would appear that quite frequent UDS's are obtained without any risk assessment for aberrant drug behavior. Per Official Disability Guidelines, even for a high-risk patient, no more than 3-4 times per year is required. Therefore, this request is not medically necessary.

Chiropractic Therapy (visits) lumbar spine/bilateral knee, QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, 59.

Decision rationale: The provider requests 8 Chiropractic treatments. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. Lower back pain radiating into the left lower extremity. The provider does not discuss this request in the reports provided and the Request for Authorization is not included. There is no documentation in the reports of prior Chiropractic treatment for the patient. In order to receive up to the 18 visits requested, the patient must have first had a trial of 6 visits with documented functional improvement. In this case, this documentation has not been provided. Therefore, this request is not medically necessary.

Acupuncture for the lumbar spine/bilateral knee, QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider requests Acupuncture for the lumbar spine/bilateral knee, quantity 18 sessions. MTUS recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. The reports provided do not show documentation of prior acupuncture treatment for this patient. It is first mentioned on the treatment plan on 07/29/14. MTUS allows an initial trial of 6 sessions with additional treatments with evidence of functional improvement. The requested 18 sessions exceed what is allowed by MTUS for a trial. If this request is for additional treatment, evidence of functional improvement is required but is not provided. Therefore, this request is not medically necessary.

Right hinged knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee Braces

Decision rationale: The provider requests a right hinged knee brace. ACOEM page 340 does state, "A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually

unnecessary." Official Disability Guidelines, Knee & Leg Chapter, Knee Braces, state braces may be appropriate with knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The provider does not discuss this request in the reports provided. Neither the reports or the 09/09/14 MRI right knee provide evidence of patellar instability, MCL or ACL instability per ACOEM or the criteria noted above by Official Disability Guidelines. Therefore, this request is not medically necessary.

Left hinged knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee Braces

Decision rationale: The provider requests a left hinged knee brace. ACOEM page 340 does state, "A brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary." Official Disability Guidelines, Knee Braces, state braces may be appropriate with, knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed TKA, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. The provider does not discuss this request. The discussion in the reports provided and the 04/06/14 MRI left knee do not provide evidence of patellar instability, MCL or ACL instability per ACOEM or the criteria noted above by Official Disability Guidelines. Therefore, this request is not medically necessary.

Psychologist referral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127, consultations

Decision rationale: The provider requests a psychologist referral. ACOEM Chapter 7 page 127 states the following, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in

the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The provider does not discuss this request in the reports provided. The patient does present with diagnoses of anxiety, mood and sleep disorder. The 06/25/14 report by [REDACTED], Occupation Psychiatry, states, "Weekly stress and pain management therapy would be particularly useful.. The primary goals of treatment should be to educate her about more effective coping skills." [REDACTED] further states the patient is experiencing significant emotional stress and treatment is important in stabilization and reduction of her symptoms and a step to restore her previous level of functioning. In this case, the reports document psyche issues in this patient and there is a recommendation for treatment. Therefore, this request is medically necessary.

Terocin patches (unknown dose/quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: The provider requests for Terocin Patches. The reports show the patient has been using this medication since 05/26/14. The MTUS guidelines page 112 on topical Lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica)." Salicylate, an NSAID is indicated for peripheral joint arthritis/tendinitis. The provider does not discuss this medication. In this case, the patient presents with bilateral knee pain, this medication is indicated for localized peripheral pain and there is evidence of therapy with Gabapentin. However, there is no documentation that these patches are specifically resulting in pain reduction and functional improvement. Therefore, this request is medically necessary.

Orthopedic Surgeon Consult for the knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 page 127, consultations

Decision rationale: The provider requests for Orthopedic Surgeon Consult for the knees. ACOEM Chapter 7 page 127 states the following, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest

when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." The provider does not discuss this request and the Request for Authorization is not included. The reports show right knee pain and muscle spasms as early as 01/24/14. Recent reports document bilateral knee pain. Treatment plans provided state the patient is referred to an orthopedic surgeon for "PRP" injections for both knees and that she is to undergo shockwave therapy for the knees and include requests for Chiropractic and Acupuncture visits. The request appears reasonable in order to provide this patient the opportunity relieve a painful condition. Therefore, this request is medically necessary.