

Case Number:	CM14-0166858		
Date Assigned:	10/14/2014	Date of Injury:	01/20/2014
Decision Date:	12/12/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 has a history of a work injury occurring on 01/20/14 when, while pushing a cart, he lost control and twisted his right knee and had low back pain. The claimant has not worked since January 2014. An MRI of the right knee on 02/03/14 showed findings of increased signal in the right medial meniscus. Subsequent treatments included a cortisone injection with benefit and continued physical therapy. He was seen on 05/02/14. He was having right medial knee pain especially with walking for extended periods and right knee swelling, weakness, and buckling. He was also having numbness and tingling over the lateral aspect of the right knee. He was not taking any medications. The note references having been given anti-inflammatory medications in the past with relief but having problems with gastritis type symptoms. Physical examination findings included right medial knee swelling with normal range of motion. There was right medial knee tenderness with decreased sensation and strength. McMurray's and Apley compression testing was positive. He was referred for physical therapy two times per week for four weeks. Naprosyn 550 mg two times per day, omeprazole 20 mg per day, and Neurontin 600 mg three times per day was prescribed. Authorization for EMG/NCS testing was requested. He was to continue a home exercise program. The claimant was evaluated for physical therapy on 07/02/14. He was working as a maintenance engineer. As of 07/22/14 he had completed three treatment sessions. Pain was rated at 7/10. Physical examination findings included peripatellar and infrapatellar tenderness with restricted hamstring and calf muscles. There was knee swelling. He was seen on 07/28/14. He was still participating in physical therapy with benefit. He was performing a home exercise program. Physical examination findings included joint line tenderness with decreased range of motion, strength, and sensation. He was having right quadriceps spasms. EMG/NCS testing showed findings of possible bilateral peroneal mononeuropathies although there is also reference to technical difficulties. Authorization for

additional physical therapy was requested. Medications were Naprosyn 550 mg two times per day, omeprazole 20 mg per day, Flexeril 7.5 mg three times per day, Neurontin 600 mg three times per day, and Mentherm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 6 months status post work-related injury to the right knee and continues to be treated for symptoms including right knee swelling, weakness, buckling, and numbness and tingling over the lateral aspect of the knee. EMG/NCS testing is reported as showing findings of possible bilateral peroneal mononeuropathies and on 07/28/14 he was having right quadriceps spasms. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of requested treatments is in excess of recommended guidelines and therefore not medically necessary.

Mentherm cream 120 ml 2 bottles: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than 6 months status post work-related injury to the right knee and continues to be treated for symptoms including right knee swelling, weakness, buckling, and numbness and tingling over the lateral aspect of the knee. EMG/NCS testing is reported as showing findings of possible bilateral peroneal mononeuropathies and on 07/28/14 he was having right quadriceps spasms. Mentherm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Indications include treating patients with conditions such as osteoarthritis, fibromyalgia, and chronic nonspecific back pain. In this case, the claimant has chronic knee pain and has only responded partially to other conservative treatments. Therefore, Mentherm was medically necessary.

Neurontin 600 mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is more than 6 months status post work-related injury to the right knee and continues to be treated for symptoms including right knee swelling, weakness, buckling, and numbness and tingling over the lateral aspect of the knee. EMG/NCS testing is reported as showing findings of possible bilateral peroneal mononeuropathies and on 07/28/14 he was having right quadriceps spasms. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant has neuropathic pain with possible peroneal mononeuropathies and therefore initiating a trial of Gabapentin was medically necessary.

Flexeril 7.5 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is more than 6 months status post work-related injury to the right knee and continues to be treated for symptoms including right knee swelling, weakness, buckling, and numbness and tingling over the lateral aspect of the knee. EMG/NCS testing is reported as showing findings of possible bilateral peroneal mononeuropathies and on 07/28/14 he was having right quadriceps spasms. Flexeril (Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and is a second-line option for the treatment of acute exacerbations in patients with muscle spasms. In this case, when prescribed, the treating provider documents the presence of muscle spasms. Therefore, Flexeril was medically necessary.