

Case Number:	CM14-0021276		
Date Assigned:	05/09/2014	Date of Injury:	09/30/2013
Decision Date:	07/09/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 30-year-old male who reported an injury of unknown mechanism on 09/30/2013. An MRI of the left knee dated 10/21/2013 concluded that it was a normal examination. The diagnoses included hyperextension of the left knee and gait disturbance. In the clinical note dated 11/08/2013, the injured worker complained of left knee pain with a pain level of 7/10. The injured worker reported that prolonged standing and flexion of the knee caused pain to the back of the knee. He also stated that the knee occasionally made a popping sound; however, he denied any locking or buckling. He also reported resting and icing the knee was helpful in decreasing the pain. It was noted that the injured worker had tried tramadol with no relief and stated that Norco caused itching and insomnia, but that Vicodin 5/500, prescribed by another doctor, relieved his pain significantly without any noticeable side effects. The physical examination of the left knee revealed crepitus, felt with motion, and tenderness to the medial and lateral joint lines. The treatment plan recommended the injured worker to begin chiropractic physiotherapy for the left knee 2 times per a week for 4 weeks for exercise and therapeutic modalities, a home exercise program for long term benefit, and prescribed medication of Vicodin 5/500 twice a day for pain, Prilosec 20 mg daily, and Lidopro cream. A request for a medication panel was made for the monitoring of medications, to include periodic blood test every 3 to 6 months to prevent complications from the medication and to maximize safety of the medications. The injured worker's work status was noted as temporarily partially disabled and modified duty to be in the form of no inmate contact, limited walking or standing for 10 minutes with a 10 minute opportunity to alter position and rest leg as needed. The Request for Authorization of #1 LidPro Topical ointment 4oz, #90 KetoProfen 75mg capsule, #120 omeprazole 20mg capsules and chiro-physiotherapy for the left knee 2 times per week for 4 weeks was submitted on 11/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC PHYSIOTHERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE LEFT KNEE .QUANTITY 4:0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: The request for chiropractic physiotherapy 2 times a week for 4 weeks to the left knee quantity 4 is not medically necessary. The California MTUS guidelines state that chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. However, chiropractic therapy is not recommended for the knee. In the clinical notes provided for review, there was lack of documentation of the injured worker trying conservative therapies and their efficacies. In the guidelines, it is recommended that chiropractic therapy is used in achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression and the injured worker's therapeutic exercise program and return to productive activities; however, the guidelines do not recommend chiropractic therapy for the knee. Therefore, the request for chiropractic physiotherapy 2 times a week for 4 weeks to the left knee, quantity 4, is not medically necessary.

LIDOPRO TOPICAL OINTMENT 4 OUNCES . QUANTITY :1.0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidopro topical ointment 4 ounce quantity 1 is not medically necessary. The California MTUS guidelines state that Lidopro ointment is largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In the clinical notes provided for review, there was lack of documentation of the injured worker providing information of his pain

level with or without medication. It was only annotated that the injured worker reported left knee pain and rated it at 7/10. In the guidelines, it is stated that Lidopro ointment is largely experimental in use with few randomized control trials to determine efficacy or safety. Therefore, the request for Lidopro topical ointment 4 ounce, quantity 1, is not medically necessary.

OMPERAZOLE 20 MG DAILY. QUANTITY : 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20mg daily quantity 60 is not medically necessary. The California MTUS guidelines state that in order to determine if an injured worker is at risk for gastrointestinal events criteria of age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA) should be met. In the clinical notes, provided for review, there was lack of documentation of the injured worker having gastrointestinal issues. The guidelines state that in order to receive a proton pump inhibitor such as omeprazole, the injured worker should meet a criteria of the age greater than 65 years of age, a history of peptic ulcer, GI bleeding or perforation, the concurrent use of aspirins, corticosteroids, and/or anticoagulant. As such, the clinical notes provided for review lack documentation of the injured worker meeting the criteria. Therefore, the request for omeprazole 20 mg daily, quantity 60 is not medically necessary.

COMPLETE BLOOD COUNT EVERY 3-6 MONTHS FOR MEDICAL MONITORING QUANTITY 1:0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for complete blood count every 3-6 months for medical monitoring quantity 1 is not medically necessary. The California MTUS guidelines state that complete blood count is recommended to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In the clinical notes provided for review, there was lack of documentation of how long the injured worker had used NSAIDs. The clinical information provided did not provide details regarding any prior blood monitoring and what those results were. Therefore, the request for complete blood count every 3 to 6 months for medical monitoring, quantity 1 is not medically necessary.

COMPREHENSIVE METABOLIC PANEL EVERY 3-6 MONTHS FOR MEDICATION MONITORING. QUANTITY 1:0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for comprehensive metabolic panel every 3-6 months for medical monitoring quantity 1 is not medically necessary. The California MTUS guidelines state that complete blood count is recommended to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. In the clinical notes provided for review, there was lack of documentation of the injured worker needing a comprehensive metabolic panel. Documentation was not provided to indicate whether the patient had undergone prior lab testing and what those results were. Therefore, the request for comprehensive metabolic panel every 3 to 6 months for medical monitoring, quantity 1 is not medically necessary.