

Case Number:	CM14-0024237		
Date Assigned:	06/11/2014	Date of Injury:	08/06/2013
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 patient is a 59 year old female who was injured on 08/06/2013. She sustained an injury when she lost her balance and fell forward landing on her left knee. Prior medication history included Levothyroid hydrochlorothizide. Prior treatment history has included corticosteroid injection of the left knee, 6 sessions of physical therapy for the left knee and bracing. Diagnostic studies reviewed include MRI of the left knee 10/17/2013 revealed normal findings. Doctor's First report dated 02/03/2014 indicated the patient complained of left knee pain which she rated as a 3-5/10 and she described it as constant and dull in nature. She did report that walking or climbing on uneven ground made it worse. On examination of the left knee, she had diffuse swelling. There was tenderness to palpation over the lateral joint and prepatellar region. Anterior and posterior Drawer signs are negative. McMurray's test clicked with pain on the lateral aspect. She had patellofemoral crepitus with passive ranging on the left. Range of motion of the knees exhibits flexion to 130 degrees bilaterally and extension is 0 degrees bilaterally. Diagnosis is left knee sprain with patellofemoral arthralgia. The treatment and plan included Norco 2.5/325 mg, Fexmid 7.5 mg and ultracin topical lotion as the patient has high blood pressure and could not use anti-inflammatories. Physical therapy 3 times per week for 4 weeks to decrease pain is requested as well as an EMG/NCS of the right upper extremity to assess for cervical radiculopathy. Prior utilization review dated 02/13/2014 states the request for a total of 24 visits of physical therapy sessions have been authorized and therefore any treatment requested must fall within this figure. Pharmacy purchase of Norco 2.5/325 mg #30 and physical therapy expired on 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NORCO 2.5/325MG #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 Opioids Page(s): 75-94.

Decision rationale: According to CA MTUS guidelines, Hydrocodone is short acting opioid that is recommended for intermittent or breakthrough pain. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In the absence of documented exact duration and frequency of hydrocodone intake and absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.

PHARMACY PURCHASE OF FEXMID 7.5MG #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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is recommended as an option, using a short course. The medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. The medical necessity for Cyclobenzaprine is not established.

PHARMACY PURCHASE OF ULTRACIN TOPICAL LOTION: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, capsaicin, local anesthetics). Ultracin contains Methyl salicylate, Menthol and Capsaicin, which is requested based on risk of increase in high blood pressure with oral NSAIDs. However, there is no documentation of trial of a Topical NSAID (i.e. Methyl Salicylate alone) in this case. Therefore, the request is considered not medically necessary according to the guidelines.

ADDITIONAL PHYSICAL THERAPY FOR THE LEFT KNEE, THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS guidelines, Physical Therapy is recommended as a modality of treatment to reduce the swelling, decreasing pain, and improving range of motion, allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Therapy. Continuing therapy depends upon in the improvement in the objective measurements such as pain level, ROM and strength. The patient has previously received several sessions of PT. However, there is no documentation of any improvement in the objective measurements in the submitted records to demonstrate the effectiveness of this treatment. Therefore, the request is not medically necessary according to the guidelines.