

Case Number:	CM14-0033794		
Date Assigned:	07/18/2014	Date of Injury:	02/07/1998
Decision Date:	08/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 64 year-old female was reportedly injured on February 7, 1998. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 11, 2014, indicates that there are ongoing complaints of bilateral shoulder and bilateral knee pain. The physical examination demonstrated a middle-aged individual who is normotensive (115/89) and in no acute distress. A slight decrease in left shoulder range of motion is noted. Diagnostic imaging studies were not discussed in his progress note. Previous treatment includes multiple arthroscopic knee surgeries and shoulder surgeries. A request was made for a viscosupplementation and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) clinical measures, surgical considerations, (electronically cited).

Decision rationale: The current physical examination findings tempered by the past surgical intervention of multiple shoulder arthroscopy's and noting the parameters outlined in the ACOEM Guidelines there is insufficient clinical data presented to suggest the need for an MRI of the shoulder. There is an indication of ongoing shoulder pain however there are no plain films or other less invasive methodologies reported to identify the pathology. The medical necessity of this imaging study has not been established.

Hyalgan injection Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 13 Knee Complaints, electronically cited.

Decision rationale: Viscosupplementation has been used in the past but there is insufficient data presented that there is a clinical indication at this time. There no noted imaging studies reported demonstrating the osteoarthritis that this would be addressing. This is not considered care reasonably required to address or medically necessary to treat the noted meniscal lesion. Lastly, there is no discussion as to the lack of efficacy of non-steroidal medications to address the knee pain. Therefore, the medical necessity for this injection therapy has not been established.

Norco 10/325 mg Quantity 150: 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 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: The current physical examination reported there is no noted efficacy or utility with the ongoing use of narcotic analgesic in this particular case. Furthermore, as outlined in the MTUS this medication is indicated for the short-term management of moderate to severe breakthrough pain. This appears to be a chronic pain situation and the pain complaints have not been ameliorated with the narcotic medications being employed. Therefore, the medical necessity of the continued use of this medication is not established.

Lidoderm patches 5% Quantity 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 (Effective July 18, 2009) Page(s): 56.

Decision rationale: As outlined in the MTUS, this topical preparation is recommended for localized peripheral pain after there is been evidence of a failure of first-line therapies and this is only indicated for post-herpetic neuralgia. Additionally, there is no neuropathic lesion identified as being in place at this time. Therefore, the medical necessity of this topical preparation has not been established.

Celebrex 200 mg Quantity 30: 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 (Effective July 18, 2009) Page(s): 30.

Decision rationale: This is a COX-II inhibitor and may be considered if there is a risk of gastrointestinal (G.I.) complications. There is no notation in the progress notes that such a malady exists. Therefore, the indefinite use of this type of non-steroidal medication is not supported. Furthermore, the efficacy of the medication has not been addressed in the progress notes. The medical necessity for this specific medication has not been established.

Terocin patches Quantity 20: 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 (Effective July 18, 2009) Page(s): 112.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, there is no notation or objectification that the injured employee has not attempted a trial of either of these classes of medications. Furthermore, as noted in the MTUS when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request is considered not medically necessary.

Lododerm patches four ounces: 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 (Effective July 18, 2009) Page(s): 56.

Decision rationale: As outlined in the MTUS, this topical preparation is recommended for localized peripheral pain after there has been evidence of a failure of first-line therapies and this is only indicated for post-herpetic neuralgia. Additionally, there is no neuropathic lesion identified as being in place at this time. Therefore, the medical necessity of this topical preparation has not been established.