

Case Number:	CM14-0034328		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2007
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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 injured worker is a 59-year-old female with a reported injury on 09/27/2007. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/29/2014 reported that the injured worker complained of bilateral knee pain. The injured worker is status post left total knee arthroplasty 09/30/2013. The physical examination of the injured worker's left knee revealed range of motion to 120 degrees, quadriceps and hamstring strength 5-/5. The physical examination of the injured worker's right knee revealed range of motion to 130 degrees, 4/5 quadriceps and hamstring strength. The injured worker's diagnoses included status post left total knee replacement 09/30/2013 and status post right total knee replacement in 2008. The provider requested hydrocodone/acetaminophen, cyclobenzaprine, Lido Pro topical ointment, and chiropractic treatments. The rationales were not provided within the clinical notes. The request for authorization was submitted on 03/05/2014. The injured worker's prior treatments include physical therapy. The injured worker was noted to be doing extremely well with her range of motion and strength, indicating an easy transition into a home exercise program. The date and amount of sessions of physical therapy were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of hydrocodone as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency or the medication being requested. As such, the request is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The treating physician's rationale for cyclobenzaprine was not provided within the clinical notes. The MTUS Chronic Pain Guidelines recommend Cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Cyclobenzaprine as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary and appropriate.

LidoPro Topical Ointment #1: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines on topical analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. LidoPro Topical Ointment is a topical analgesic with the active ingredients of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Per the Guidelines, no other commercially approved topical formulation of lidocaine (whether cream, lotion, or gels) is indicated for neuropathic pain. Therefore, any other topical lidocaine medication is not recommended. As such, the request is not medically necessary and appropriate.

Chiropractic treatment x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The treating physician's rationale for chiropractic treatment was not provided within the clinical notes. The MTUS Chronic Pain Guidelines recommend manual therapy 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. The MTUS Chronic Pain Guidelines allow a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. There is a lack of clinical information indicating the rationale for chiropractic sessions. Moreover, the treating physician's request for a total of 8 chiropractic sessions exceeds the MTUS Chronic Pain Guidelines' recommendations of a trial of 6 visits over 2 weeks. As such, the request is not medically necessary and appropriate.