

Case Number:	CM14-0037645		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2013
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Interventional Spine 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 46 year-old female with date of injury 5/15/13. The treating physician report dated 2/13/14 subjective complaints states, "the pain has been about the same and appears to be radicular in nature. The pain remains in the left lower extremity (LLE) and radiates to the left foot/ankle." MRI of the left knee dated 9/11/13 was within normal limits. The current diagnoses are 1.Left knee sprain; 2.Possible left knee internal derangement, not manifest on the MRI; 3.Possible lumbar radiculopathy. The utilization review report dated 2/25/14 denied the request for physical therapy 2x4 to the left knee, Ultram-retro, Menthoderm, Qualitative/Quantitative UDS based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 4 weeks to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines for Physical Therapy recommend 8-10 sessions for myalgia or neuritis type conditions to control pain, inflammation and swelling. The treater in this case has documented that the patient has essentially a normal knee examination with tenderness and he feels that the pain is from radiculopathy. There is no documentation to support physical therapy of the left knee and no new injuries or diagnoses are documented to support this request. Recommendation is for denial.

Ultram-Retro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guideline for Tramadol (Ultram®), page 113, Opioids, specific drug list, pages 82, 88, 89, 93-94.

Decision rationale: The treating physician report dated 2/13/14 states, "Medications help." MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (Analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. Recommendation is for denial.

Menthoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105, 111.

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

Decision rationale: The current request is for Mentoderm, which is topical cream containing methyl salicylate and menthol. There is no information provided in the treating physician reports regarding a prescription for Mentoderm. The reports state, "Refill medications." The patient in this case has no positive left knee MRI findings and the examination states, "Left knee tenderness." The treating physician states, "The pain has been about the same and appears to be radicular in nature. The spinal aspect has been denied even though the pain from radiculopathy may be mimicking the lower extremity (LE) complaints." The MTUS Guidelines state that topical NSAIDs are not supported for the treatment of the spine as MTUS states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." This topical cream is not supported by MTUS for the treatment of radicular pain as the treater has stated is present. Recommendation is for denial.

Qualitative and quantitative UDS, DOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Drug testing Page(s): 43.

Decision rationale: The patient presents with chronic left lower extremity pain that radiates to the left foot/ankle. The current request is for Qualitative and Quantitative UDS. The patient is currently taking Ultram as prescribed by the treating physician. There is a Urine Toxicology Screen performed on 11/21/13, which showed no illicit drugs or inappropriate medications were noted in the urine. There is nothing in the treater's reports provided to indicate any issues or abuse or addiction. There was also UDS testing performed on 2/13/14 and 5/8/14, which were negative. The MTUS guidelines do recommend a urine drug screen to assess for the use or the presence of illegal drugs. The treating physician ruled out the use of illegal drugs on 11/21/13. There is no documentation of any red flags to support quarterly UDS testing. Recommendation is for denial.