

<b>Case Number:</b>	CM14-0039912		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 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 claimant is a 46-year-old gentleman injured in a work-related accident on February 22, 2013. Records available for review indicate a left knee injury. A November 2013 MRI report identified meniscal tearing and an anterior cruciate ligament injury. Since the time of injury, the claimant has undergone a knee arthroscopy with reconstruction of the anterior cruciate ligament. A follow-up assessment dated February 4, 2014, documents complaints of knee pain. Physical examination showed medial tenderness with negative McMurray's testing, ligamentous stability and full range of motion. The records note that a postoperative MRI scan showed evidence of an intact anterior cruciate ligament graft and persistent underlying medial and lateral meniscal pathology. The claimant was diagnosed with persistent medial and lateral meniscal tearing. Based on these findings, further arthroscopic evaluation was considered. In an April 11, 2014, handwritten note, the treating provider documents that there are no new clinical findings. This request is for eight sessions of chiropractic care for the left knee, eight sessions of physical therapy, topical compounding medications, a pain management consultation and a prescription for Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sodium 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Pantoprazole: : NSAIDs, GI symptoms & cardiovascular risk, page 68-69 Page(s): 68-69.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support continued use of pantoprazole. The Chronic Pain Guidelines recommend a protective proton pump inhibitor like pantoprazole in the presence of a significant gastrointestinal risk factor, including an age greater than 65 years and history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, anticoagulants or high-dose, multiple non-steroidal anti-inflammatory medications. Because the records in this case do not document a gastrointestinal risk factor, the request for continued use of pantoprazole would not be indicated as medically necessary.

**Amit/Dextro/Tram/Flur/Diclo 4%/10%/20%/25%/10%:** Upheld

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

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

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support the use of a topical compound containing amitriptyline, dextromethorphan, tramadol, forforinal and diclofenic. Under Chronic Pain Guidelines, there is no indication for the topical use of amitriptyline, tramadol or forforinal. Chronic Pain Guidelines clearly establish that, if any agent in a topical compound is unsupported, the agent as a whole would not be supported. The request for this topical compound, which contains such agents, would not be medically necessary.

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Procedure Summary - Evaluation and Management.

**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), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support the use of a topical compound containing amitriptyline, dextromethorphan, tramadol, forforinal and diclofenic. Under Chronic Pain Guidelines, there is no indication for the topical use of amitriptyline, tramadol or forforinal. Chronic Pain Guidelines clearly establish that, if any agent in a topical compound is unsupported, the agent as a whole would not be supported. The request for this topical compound, which contains such agents, would not be medically necessary.

**Physical Therapy 2x4 left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Procedure Summary -Physical Medicine.

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

**Decision rationale:** California MTUS Chronic Pain Guidelines would not support eight sessions of physical therapy. The Chronic Pain Guidelines recommend physical therapy to help provide short-term relief in the early phases of pain treatment. While this claimant is noted to have continued complaints of knee pain, more than a year has passed since the date of injury, and the progress note dated one week prior to this utilization review request reports recurrent meniscal pathology for which operative intervention is recommended. Given those factors, there is no direct indication for physical therapy. Therefore, this request would not be supported as medically necessary.

**Chiropractic 2 x 4 Left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Procedure Summary- Chiropractic.

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

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would not support the chiropractic measures. Under Chronic Pain Guidelines, the use of manual therapy, manipulation or chiropractic measures for the treatment of knee conditions is not recommended. Therefore, the request for eight sessions of chiropractic care for the claimant's knee would not be indicated as medically necessary.