MAXIMUS Federal Services

Case Number:	CM14-0052818		
Date Assigned:	07/07/2014	Date of Injury:	06/15/2013
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Medicine 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 53-year-old female with a date of injury of 6/15/2013. The patient's industrially related diagnoses include status-post left knee anterior cruciate ligament reconstruction, left knee anterior cruciate ligament tear, left knee meniscal tear and right knee possible meniscal tear, and left and right knee chondromalacia. The disputed issues are Prilosec 20mg # 60, Lidopro 2 tubes, and physical therapy 3 times per week for 4 weeks. A utilization review determination on 4/7/2014 had noncertified all these requests. A second utilization review determination on 4/28/14 certified Prilosec 20mg but had non-certified Lidopro 2 tubes and the physical therapy. The stated rationale for the denial on 4/28/2014 was Lidopro is a combination of capsaicin, lidocaine, menthol, and methyl salicylate. The guidelines indicate that capsaicin is indicated when other modalities of treatment have failed. Furthermore, lidocaine is only approved in the form of Lidoderm patches. Therefore, the requested Lidopro is not medically indicated. With regard to the physical therapy, the utilization reviewer stated the following: The patient underwent surgery on 9/25/13. California MTUS supports up to 24 visits over 16 weeks, with a postsurgical physical medicine treatment period of 6 months. The claimant has received 36 postoperative physical therapy sessions, and there is no clear documentation of continued objective improvement with the more recent therapy sessions and functional deficits that cannot be addressed within the context of an independent home exercise program, yet expected to improve with formal supervised therapy. MTUS cites that 'patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels'.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,. GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The CA MTUS under NSAIDs, GI symptoms & cardiovascular risk page 102 states that a patient at intermediate risk for gastrointestinal events and no cardiovascular disease can use a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily). The injured worker reports using Prilosec due to gastrointestinal (GI) upset related to medication use in a progress note dated 3/19/2014. Therefore, this treatment is medically necessary.

Lidopro 2 tubes: 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(s): 111-113.

Decision rationale: Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate and the CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the CA MTUS guidelines under Topical Analgesics pages 111-113 Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The submitted documentation does not indicate failure or intolerance of other recommended treatments. Furthermore, topical lidocaine, in the formulation of a dermal patch under the name of Lidoderm patch, is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica). There is no documentation that the injured worker has failed first-line therapy such a tricyclic antidepressants (TCA) or serotonin-norepinephrine reuptake inhibitors (SNRIs). Therefore, the request is not medically necessary.

Physical Therapy 3 times a week for 4 weeks, 12 sessions: 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 Page(s): 337-350,Chronic Pain Treatment Guidelines Postsurgical Patient Management, Physical Medicine Page(s): 11-12, 99.

Decision rationale: As stated in the MTUS, Instruction in proper exercise technique is important and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. The clinician or therapist should teach the patient rehabilitation programs for knee problems (pg 395) Also, If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period which is 6 months. In this injured worker, there has 36 sessions of physical therapy and there is no reason specified as to why the patient cannot be trialed on a self-directed home exercises. This request is not medically necessary.