

Case Number:	CM14-0053507		
Date Assigned:	09/12/2014	Date of Injury:	09/19/2013
Decision Date:	10/20/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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 56 year old individual who was injured at work on 09/19/2013. The injured worker complains of pain in the left knee that radiates to the left leg. An MRI of the right knee MRI dated 03/14/2014 revealed anterior cruciate injury; chronic tear of anterior horn of the lateral meniscus; Degenerative arthritis; Fabella; small subchondral cyst in lateral plateau of tibia; varicose vein of knee and lower limbs; myxoid degeneration in posterior horn of medial and lateral meniscus . The injured worker has been diagnosed of unspecified internal derangement of the Knee, sprain of unspecified site of knee and leg; anterior cruciate tears, foot sprain, shoulder sprain Foot Fungus. The injured worker has been recommended for total Knee replacement. At dispute are the request for Chiropractic x12 Left Foot/Toes & Left Knee; Functional Capacity Evaluations Left Foot/Toes & Left Knee; Flurbiprofen 10%/Capsaicin 0.025%/Menthol 1% 120gm for Ketoprofen 10%/Cyclobenzaprine 3%/Lidocaine 5% 120gm ; Naproxen 550mg #90; Pantoprazole 20mg #60 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x12 Left Foot/Toes & Left Knee: 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): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Treatment is not recommended for the knee, ankle, and foot. The prescription in this case is for 12 visits, which greatly exceeds the 6-visit trial recommended in the MTUS, and the chiropractic was prescribed for body parts for which manipulation is "not recommended". The requested chiropractic care is therefore not medically necessary.

Functional Capacity Evaluations Left Foot/Toes & Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pages 137-8, discussion of IME recommendations (includes functional capacity evaluation). Page 81, brief mention of functional testing Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: The ACOEM guidelines pages 137-8, in the section referring to Independent Medical Evaluations (which is not the context in this case), state "there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace" and "...it is problematic to rely solely upon the functional capacity evaluation results for determination of current work capability and restrictions". The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation (assuming that any exists), cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The treating physician has not provided any information in compliance with this portion of the MTUS. The functional capacity evaluation in this case is not medically necessary based on lack of medical necessity and lack of a sufficiently specific prescription.

Flurbiprofen 10%/Capsaicin 0.025%/Menthol 1% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compound Cream

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. This injured worker was also prescribed an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Two topical NSAIDs were dispensed simultaneously (ketoprofen and flurbiprofen), which is duplicative and unnecessary, as well as possibly toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, lack of medical evidence, and lack of FDA approval.

Ketoprofen 10%/Cyclobenzaprine 3%/Lidocaine 5% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compound Cream

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. This injured worker was also prescribed an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Two topical NSAIDs were dispensed simultaneously (ketoprofen and flurbiprofen), which is duplicative and unnecessary, as well as possibly toxic. Note that topical ketoprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Ketoprofen is not recommended per the MTUS. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm.

Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain NSAIDs, specific drug list & adverse effects Page(s): 60, 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. Naproxen was given along with several other medications, which is counter to the prescribing recommended in the MTUS. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician is prescribing both oral and topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Naproxen is not medically necessary based on the MTUS recommendations for medication trials, redundant NSAID prescribing, and prescription not in accordance with the MTUS and the FDA warnings.

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The treating physician is dispensing excessive quantities of NSAIDs (three kinds prescribed at the first visit) to this patient. Administration of a PPI is not the antidote for this practice. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Pantoprazole should not be prescribed without clear medical necessity. Pantoprazole is not medically necessary based on the lack of clear indications and risk of toxicity.