

Case Number:	CM14-0055118		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2004
Decision Date:	08/07/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 06/07/2004, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 03/04/2014, the injured worker complained of knee pain with the pain worse on the left than on the right. It was annotated that the injured worker finished a series of Supartz injections on his knees bilaterally and were helpful. However, it was noted that the injured worker stated he still had more pain at the left medial knee. Prior treatments included injections, topical analgesics, and prescribed oral medications. The injured worker's prescribed medications included Lidoderm patches to his back and knees and Voltaren gel. It is noted that the injured worker reported significant side effects with oral medications. The physical examination of the left knee revealed significant medial pain. The diagnoses included bilateral knee degenerative joint disease, left greater than the right, left ankle pain, lumbar degenerative disc disease with spondylolisthesis, short-acting opiate, and UA for review. The treatment plan included a request for myoscience for the left knee, which is a peripheral nerve neurolysis which gives significant and immediate improvements to the medial knee where the injured worker has a majority of the pain, monitoring of Supartz injections which were completed in December of last year, refill Lidoderm patches #30, Voltaren gel 1 tube 100 gm, and encouragement of activity as tolerated. The request for authorization for myoscience to the left knee was submitted on 04/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 myoscience treatments for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Pain management using cryogenic remodeling, <http://www.google.com/patents/US8715275>.

Decision rationale: The request for 2 myoscience treatments for the left knee is not medically necessary. The CA MTUS/ACOEM and the Official Disability Guidelines (ODG) do not address this treatment. In the abstract provided with the title Pain Management Using Cryogenic Remodeling stated that medical devices, systems, and methods for pain management and other applications may apply choline with at least 1 probe inserted through an exposed surface of skin. The choline may remodel 1 or more targets tissues so as to effect a desired change in composition of the target tissue and/or a change in its behavior, often to interfere with transmission of pain signals along sensory nerves. Alternative embodiments may interfere with the function of motor nerves, the function of contractile muscles, and/or some other tissue included in the contractile function chain so as to inhibit muscle contraction and thereby alleviate associated pain. In the clinical notes provided for review, there was a lack of documentation of the injured worker's pain level status with or without the use of pain medications, oral or topical. There is also a lack of documentation of other failed conservative therapies such as the home exercise program or physical therapy. Furthermore, there are no guidelines or recommendations for the use of myoscience treatments. Therefore, the request for 2 myoscience treatments for the left knee is not medically necessary.

Voltaren Gel 100gm #1 tube: 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) 111-112 Page(s): 112.

Decision rationale: The request for Voltaren gel 100 gm #1 tube is not medically necessary. The California MTUS Guidelines recommend state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Voltaren gel 1% is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 gm per day (8 gm per joint per day in the upper extremity and 16 gm per joint per day in the lower extremity). In the clinical notes provided for review, there was a lack of documentation of the efficacy of the topical analgesics being used by the injured worker.

There is also a lack of documentation of frequency and area and duration of which the Voltaren gel is to be used. Furthermore, the guidelines do not recommend the use of Voltaren gel on the spine, as it is indicated that the injured worker uses the Voltaren gel on his back and knees. Therefore, the request for Voltaren gel 100 gm #1 tube is not medically necessary.