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| Case Number: | CM14-0066873 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/29/2011 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 Nevada. 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 records presented for review indicate that this 58-year-old individual was reportedly injured on March 29, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 24, 2014, indicated that there were ongoing complaints of bilateral knees pain and swelling in both ankles. The physical examination demonstrated 4'6", 216 pound hypertensive (151/76) individual who has undergone bilateral knees arthroscopy. The surgical portals were well-healed. A 1+ effusion of both these was noted. Trace patellofemoral crepitus is noted. A decrease in range of motion in both knees was identified. Diagnostic imaging studies are not presented. Previous treatment included arthroscopic surgery and multiple medications. A request had been made for physical therapy and multiple medications and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR THE BILATERAL KNEES INITIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS for post-operative physical medicine states that post-operative physical therapy is for functional improvement and the recommended initial course of therapy for this condition is 6 visits. The current prescription is for 8 visits, which exceeds the 6 visits recommended in the MTUS guidelines. It is not clear if the injured worker has attended physical therapy for the knee after surgery, as one report refers to physical therapy in progress, and another states that no physical therapy had been initiated. Although post-surgical physical therapy is an option per the MTUS, the prescription must be within the quantity recommended. And if there had already been visits of physical therapy attended, any additional physical therapy would be contingent upon functional improvement after completing the initial course of physical therapy. No physical therapy is medically necessary per the current prescription, as the quantity exceeds the MTUS recommendations, and because the injured worker may have already completed a course of physical therapy with no reports showing specific functional improvement. As such, the request is not medically necessary.

ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEK FOR THE BILATERAL KNEES INITIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. Acupuncture was prescribed in 2013, with no subsequent reports of the specific results or any functional improvement. An initial course of acupuncture is 3-6 visits, per the MTUS and the prescription is for 8 visits, which exceeds the quantity recommended in the MTUS. The current prescription is not medically necessary based on the requested quantity, and because there is no evidence of functional improvement after the course of acupuncture prescribed in 2013. As such, this request is not medically necessary.

FLURIFLEX 180GM #1 TUBE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Fluriflex is reportedly a compound of Flurbiprofen-Cyclobenzaprine. 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. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants are not recommended in the MTUS. Note that topical Flurbiprofen is not FDA approved, therefore, is experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Based on the MTUS guidelines, lack of FDA approval, and lack of medical evidence of efficacy, this request is not medically necessary.

TGHOT 180GM #1 TUBE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: TGHOT is reportedly a compound consisting of Tramadol-Gabapentin-Menthol-Camphor-Capsaicin. 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. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation, there is no good evidence in support of topical Gabapentin, which is not recommended. There is no good medical evidence in support of topical Tramadol. 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. Based on the MTUS guidelines and lack of medical evidence of efficacy, this request is not medically necessary. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and inappropriate prescribing.

SYNVISC INJECTION BILATERAL KNEES SERIES OF 3 GIVE ONCE A WEEK:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: The MTUS does not provide direction for viscosupplementation. The Official Disability Guidelines (ODG) provides a limited recommend viscosupplementation for certain patients with osteoarthritis (OA). Viscosupplementation may be indicated for patients

with significant arthritis refractory to other treatments. However, recent research indicates minimal or no benefit from this treatment. The California Technology Assessment Forum (CTAF) concluded that treatment of knee OA with repeated injections of intra-articular HA does not meet CTAF criteria for safety, efficacy and improvement in health outcomes for progression to knee replacement or progression of disease. If the treating physician feels that viscosupplementation is indicated anyway, it may be indicated when there is good evidence of significant osteoarthritis. There is insufficient evidence of OA in this case. The treating physician noted good cartilage at arthroscopy. There is no other evidence of osteoarthritis; therefore, this request is not medically necessary.