

Case Number:	CM14-0068403		
Date Assigned:	07/14/2014	Date of Injury:	03/25/2003
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiologist, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 3/25/03 date of injury, and status post right knee surgery x 2, and status post left knee arthroscopic surgery x 2. At the time (5/9/14) of request for authorization for Fluriflex cream 240gm apply thin layer to affected area twice daily, TGHOT cream 240gm apply thin layer to affected area twice daily, and aquatic therapy 2 x 4 for knee and back, there is documentation of subjective (cervical spine pain radiating to shoulder, upper, mid and lumbar pain; bilateral knee pain) and objective (antalgic gait, abnormal toe/heel walk bilaterally, muscle spasm in the lumbar spine, bilateral knee abnormal patellar tracking, positive grind maneuver, swelling/effusion bilaterally) findings, current diagnoses (L4-5, L5-S1 bilateral radiculopathy; status post right knee surgery x 2 with quadriceps repair; status post left knee arthroscopic surgery x 2; and obesity), and treatment to date (medications and therapy). The number of previous therapy treatments cannot be determined. 4/11/14 medical report identifies that the patient has not had therapy in quite some time. Regarding the requested aquatic therapy 2 x 4 for knee and back, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream 240gm apply thin layer to affected area twice daily: 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: According to the records made available for review, this is a 54-year-old female with a 3/25/03 date of injury, and status post right knee surgery x 2, and status post left knee arthroscopic surgery x 2. At the time (5/9/14) of request for authorization for Fluriflex cream 240gm apply thin layer to affected area twice daily, TGHot cream 240gm apply thin layer to affected area twice daily, and aquatic therapy 2 x 4 for knee and back, there is documentation of subjective (cervical spine pain radiating to shoulder, upper, mid and lumbar pain; bilateral knee pain) and objective (antalgic gait, abnormal toe/heel walk bilaterally, muscle spasm in the lumbar spine, bilateral knee abnormal patellar tracking, positive grind maneuver, swelling/effusion bilaterally) findings, current diagnoses (L4-5, L5-S1 bilateral radiculopathy; status post right knee surgery x 2 with quadriceps repair; status post left knee arthroscopic surgery x 2; and obesity), and treatment to date (medications and therapy). The number of previous therapy treatments cannot be determined. 4/11/14 medical report identifies that the patient has not had therapy in quite some time. Regarding the requested aquatic therapy 2 x 4 for knee and back, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of therapy completed to date.

TGHot cream 240gm apply thin layer to affected area twice daily: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of L4-5, L5-S1 bilateral radiculopathy; status post right knee surgery x 2 with quadriceps repair; status post left knee arthroscopic surgery x 2; and obesity. However, TGHot cream contains at least one drug (gabapentin and capsaicin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHot cream 240gm apply thin layer to affected area twice daily is not medically necessary.

Aquatic Therapy 2 x 4 for Knee and Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine; Aquatic therapy Page(s): 98; 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Low Back; Aquatic therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services (objective improvement with previous treatment). ODG identifies visits for up to 9 visits over 8 weeks in the management of pain in joint; effusion of joint., and up to 10 visits over 8 weeks in the management of intervertebral disc disorders without myelopathy. Within the medical information available for review, there is documentation of diagnoses of L4-5, L5-S1 bilateral radiculopathy; status post right knee surgery x 2 with quadriceps repair; status post left knee arthroscopic surgery x 2; and obesity. In addition there is documentation of obesity. However, there is no documentation of the number of therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for aquatic therapy 2 x 4 for knee and back is not medically necessary.