

Case Number:	CM14-0068839		
Date Assigned:	07/11/2014	Date of Injury:	05/14/2009
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of May 14, 2009. Thus far, the applicant has been treated with analgesic medications; attorney representation; earlier left and right knee total knee arthroplasty; muscle relaxants; and topical agents. In a Utilization Review Report dated May 8, 2014, the claims administrator failed to approve a request for home health care, topical Terocin, Norflex, injectable Toradol, and a hospital bed following knee surgery. In a March 11, 2014 progress note, the applicant was described as status post left knee total knee arthroplasty on February 10, 2014. The applicant was still having persistent complaints of low back and bilateral lower extremity pain. A well-healed surgical incision was noted about the injured knee. Staples were removed. The applicant was placed off of work, on total temporary disability. A Toradol injection was given. It was seemingly suggested that the applicant was having really bad aching, it was stated. Nucynta, Terocin, Norco, Norflex, and home health assistance were sought. It was stated that the applicant was trying to lose weight. The applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care 5 days a week, 8 hours a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services. Decision based on Non-MTUS Citation Centers for Medicare & Medicaid Services (CMS) page 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: As noted on page 51 in the MTUS Chronic Pain Medical Treatment Guidelines, home health service are recommended to deliver otherwise recommended medical treatments in applicants who are homebound. In this case, it was not stated that the applicant was in fact homebound. The applicant's gait, is incidentally noted, was not described on the March 11, 2014 office visit in question. It was, not, furthermore, stated what home health services were being sought here. The attending provider did not state whether or not home health services in question were intended to deliver medical treatment or assistance with activities of daily living, which, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, is not covered as a stand-alone service. Therefore, the request is not indicated owing to the lack of information as to what the request entails. Accordingly, the request is not medically necessary.

Terocin Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin, as a class, are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Nucynta, etc., effectively obviates the need for the Terocin lotion. Therefore, the request is not medically necessary.

Norflex 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. While a limited supply of Norflex could have been supported for acute spasms, the request, as written, is a request for 90 tablets of Norflex, implying chronic, long-term, and scheduled use purposes, which are not

supported by page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Retroactive Toradol 60mg IM for date of service 03/11/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline-Non-steroidal anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac/Toradol Opioids Page(s): 72.

Decision rationale: While the MTUS does not specifically address the topic of injectable Toradol, page 72 of the MTUS Chronic Pain Medical Treatment Guidelines does note that oral Ketorolac or Toradol is not indicated for minor or chronic painful conditions. In this case, however, the applicant presented on March 11, 2014 reporting an acute flare in lumbar radicular pain. The applicant was also having fairly significant pain following the total knee arthroplasty surgery approximately one month prior. Thus, by implication, the injection of Toradol was indicated to combat the applicant's acute flare of pain on the date in question, March 11, 2014. It is further noted that the third edition ACOEM Guidelines, Opioids Chapter acknowledges that Ketorolac or Toradol is indicated in applicants who present with flares of severe musculoskeletal low back pain. Therefore, the Toradol injection performed on March 11, 2014 was medically necessary.

Hospital Bed:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline-Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340, Chronic Pain Treatment Guidelines Chronic Pain Chapter.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, page 340, weight bearing exercises should begin as soon as possible provided no exacerbation or structural damage will occur. ACOEM Chapter 13, page 339 also notes that the principal maximizing activities applies to knee problems, as well as problems involving other parts of the body. In this case, provision of the hospital bed, thus, would run counter to ACOEM parameters and principals as it would, by implication, support immobility and disuse as opposed to maximizing activity, as suggested by ACOEM. It is further noted that the attending provider did not clearly state what gait deficits the applicant had on or around March 2014 which would have supported provision of a hospital bed. It is further noted that the third edition ACOEM Guidelines Chronic Pain Chapter notes that provision of specific beds or other commercial sleep products is "not recommended." In this case, the attending provider did not outline how, if, and/or why he believed provision of this particular bed would ameliorate the applicant's pain complaints. Therefore, the request is not medically necessary.

