

Case Number:	CM14-0071370		
Date Assigned:	07/14/2014	Date of Injury:	02/28/2012
Decision Date:	08/29/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 02/28/2012. The injury reportedly occurred when the plank he was standing on broke and he fell six feet, landing on his leg. The injured worker has diagnoses of status post left knee patellar dislocation, left knee lateral tibia plateau, osteochondral defect, left knee MCL and medial retinaculum tear, left knee meniscal tear, and status post left knee arthroscopic surgery. Prior treatments included physical therapy, topical creams, injections, splints and medications. Diagnostic studies included and EMG/NCV of the lower extremities, x-rays of the left knee, and a MRI of the left knee in 2012 and 2013. Surgical history included left knee arthroscopic surgery in 2/4/2013. Upon exam on 02/27/2014, the injured worker complained of severe pain and locking in the left knee. Examination of the left knee showed there was tenderness to palpation, restricted range of motion and a positive McMurray's. Medications included Fluriflex for daytime use and TGHOT for nighttime use. The treatment plan recommended continued left knee physical therapy, medications, extracorporeal shockwave therapy to the left knee, and Synvisc injection. The rationale was topical medications were prescribed in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from the use of NSAID's medications. The Request for Authorization was dated 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT 180 mg, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111; Tramadol, page 82, Gabapentin, page 113, Topical Capsaicin, page 28 Page(s): 111;82;113;28.

Decision rationale: The request for TGHOT 180 mg #1 is non-certified. The injured worker has a history of left leg pain. TGHOT is a compound cream with Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. The California MTUS guidelines indicate topical analgesics in general are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines also state that any compounded product that contains at least 1 or more drug that is not recommended is not recommended. Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Topical gabapentin is not recommended by the guidelines. There is no peer-reviewed literature to support use. There are no guidelines which report the safety or efficacy of tramadol utilized topically. The guidelines do not support all of the components of TGHOT. As such, the request is non-certified.

Unknown sessions of Extracorporeal shockwave therapy (ECSWT) to the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Extracorporeal shockwave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request for unknown sessions of ECSWT to the left knee is non-certified. The injured worker has a history of left knee pain. The Official Disability Guidelines recommend extracorporeal shock wave therapy (ESWT) state under study for patellar tendinopathy and for long-bone hypertrophic nonunions. New research suggests that extracorporeal shock-wave therapy (ESWT) is a viable alternative to surgery for long-bone hypertrophic nonunions. However, the findings need to be verified, and different treatment protocols as well as treatment parameters should be investigated, including the number of shock waves used, the energy levels applied and the frequency of application. New data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. There is lack of information on the request as to the number of shock waves to be used, energy levels applied and frequency of application. As such, the request is non-certified.

1 Synvisc injection: 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 Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The request for Synvisc injection is non-certified. Synvisc injection is a hyaluronic acid injections. The Official Disability Guidelines (ODG) state hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarso-phalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established. The guidelines do not recommend for degenerative changes with articular cartilage damage. The injured worker has degenerative changes with articular cartilage damage, osteochondral defects and patellofemoral symptoms. He has also complained of locking. There is lack of documentation the injured worker had failed or inadequately responded to intra-articular steroids. As such, the request is non-certified.

1 urine drug screen, Prospective versus Retrospective: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a urine drug screen prospective versus retrospective is non-certified. The injured worker has a history of knee pain. The CA MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. It was noted the rationale for urine drug screen is for medication compliance. There is a lack of clinical information indicating the injured worker was at risk for medications misuse or displayed aberrant behaviors. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. There is no specific indication as to why urine drug testing was performed on 02/27/2014. The injured worker is not currently prescribed any controlled substances nor is there provider concerns documented regarding medication issues. As such, the request is non-certified.