

<b>Case Number:</b>	CM14-0080684		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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:

There were 94 pages provided for review. The request for independent review was signed on May 27, 2014. It was for blood testing, TENS unit purchase, hot and cold wrap, and a hinged knee brace. There was a note from [REDACTED] from May 27, 2014 critiquing the determination. She has right wrist, right elbow, left knee and a fracture of the left ankle. He feels she needs a knee brace with hinges to unload the medial joint line and in fact she needs a custom Don Joy brace to do even better job. The TENS unit have been provided and she was given chiropractic care with significant the relief. He disagreed with the hot and cold wrap as being 'high-tech equipment'. He said it was a gel that could be used with heat or ice with the wrap. There was a notice of utilization review decision from May 13, 2014. She was described as a 58-year-old female working for handicapped children. The injury was February 8, 2013 when she fell on her right outstretched hand as well as her left knee. Her work also involves extensive standing walking and squatting. The doctor noted on July 16, 2014 that there were four falls. She fractured the ankle. She is now out of the walker in the fracture boot for the last four weeks. She is walking with a compression stocking. The patient's pain is constant. She has limping, buckling, sitting tolerance of half an hour, walking half an hour with a lot of pain afterwards. The diagnoses were now internal derangement of the knee on the left with a great IV chondromalacia along the medial joint line. Standing x-rays need to be done. She had a radial head fracture on the right apparently healed with an element of grip loss. She has depression, stress, anxiety and sleep dysfunction and a fracture of the ankle on the left status post open reduction and internal fixation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood Testing (unspecified types of tests): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/>.

**Decision rationale:** The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease, find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; further there are thousands of such tests, and there is no specification as to the specific tests that would be conducted, and why. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request for Blood Testing (unspecified types of tests) is not medically necessary.

**TENS Unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) There are no records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Although [REDACTED] mentions the unit was used in therapy, there is no evidence of such documentation of objective functional improvement (not just subjective improvement) in these records. Therefore, the request for a TENS unit is not medically necessary.

**Hot & Cold Wrap: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 809.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** The MTUS/ACOEM guides note that application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise are most effective when the patient uses them at home several times a day. Just plain heat at home from a sink and a washcloth for a home hot pack is all that is needed. Even a gel or wrap would be superfluous and not necessary, and so is not in accordance with MTUS/ACOEM. The request for Hot & Cold Wrap is not medically necessary.

**Hinged Knee Brace: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** The patient had an ankle fracture; this brace is proposed for the knee due to medial joint line tenderness, suggestive perhaps of meniscal damage. This is not demonstrated objectively, and how the brace would aid the ankle injury is not completely clear. The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. I did not find the claimant had these conditions. The MTUS advises a brace only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and such activities are not evident. Per MTUS, for the average patient, using a brace is usually unnecessary. If used, there must be evidence of proper fit, and that it is part of a rehabilitation program, which is not evident in this case. If used, it should be used only for a short period, because they result in deconditioning and bone loss after relatively short periods of time. A purchase means an open ended unmonitored use, which is not supported. The request for a Hinged Knee Brace is not medically necessary.

**Custom Knee Brace: Upheld**

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

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

**Decision rationale:** As shared earlier, the patient had an ankle fracture; this brace is proposed for the knee due to medial joint line tenderness, suggestive perhaps of meniscal damage. This is not demonstrated objectively, and how the brace would aid the ankle injury is not completely clear. The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. I did not find the claimant had these conditions. The MTUS advises a brace only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and such activities are not evident. Per MTUS, for the average patient, using a brace is usually unnecessary. If used, there must be evidence of proper fit, and that it is part of a rehabilitation program, which is not evident in this case. If used, it should be used only for a short period, because they result in deconditioning and bone loss after relatively short periods of time. A purchase means an open ended unmonitored use, which is not supported. The request for a Custom Knee Brace is not medically necessary.

**Lidopro Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** As shared earlier, the patient had an ankle fracture; this brace is proposed for the knee due to medial joint line tenderness, suggestive perhaps of meniscal damage. This is not demonstrated objectively, and how the brace would aid the ankle injury is not completely clear. The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. I did not find the claimant had these conditions. The MTUS advises a brace only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and such activities are not evident. Per MTUS, for the average patient, using a brace is usually unnecessary. If used, there must be evidence of proper fit, and that it is part of a rehabilitation program, which is not evident in this case. If used, it should be used only for a short period, because they result in deconditioning and bone loss after relatively short periods of time. A purchase means an open ended unmonitored use, which is not supported. The request for a Custom Knee Brace is not medically necessary.

**Terocin Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Physician Desk Reference, Terocin.

**Decision rationale:** Per The MTUS Chronic Pain, topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. These agents however are all over the counter; the need for a prescription combination is not validated. The request for Terocin patches is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review. The request for Norco 10/325mg is not medically necessary.