

Case Number:	CM14-0081480		
Date Assigned:	07/18/2014	Date of Injury:	07/19/2008
Decision Date:	12/12/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	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 Anesthesiology, 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:

Patient is a 66-year-old female who has submitted a claim for lumbar disc disease with radiculopathy, bilateral knee strain and osteoarthritis associated with an industrial injury date of 7/19/2008. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral knee pain associated with weakness and giving way sensation. Patient likewise experienced low back pain radiating to bilateral lower extremities, right worse than left. Physical examination of the lumbar spine showed tenderness, painful range of motion, positive bilateral straight leg raise test, and diminished sensation at bilateral L5 to S1 dermatomes. Examination of both knees showed crepitus, grinding sensation, painful range of motion, and positive McMurray's test. Treatment to date has included lumbar brace, lumbar epidural steroid injection, right knee arthroscopy, bilateral patellofemoral arthroplasty, physical therapy, and medications such as cyclobenzaprine (since March 2014) and Vicodin. Utilization review from 5/23/2014 denied the request for Fexmid 7.5 mg, #60 because there was no documentation concerning functional benefit from medication use; and denied Bionicare, right knee because there was no documentation concerning total knee arthroplasty to warrant such device in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on cyclobenzaprine since March 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination likewise failed to show evidence of muscle spasm. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Fexmid 7.5 mg, #60 is not medically necessary.

BioniCare knee device for the Right 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, Knee and Leg: BioniCare knee device

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Form-fitting TENS device Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bionicare Knee Device

Decision rationale: Page 116 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that form-fitting TENS device is only considered medically necessary when there is documentation that a large area requires stimulation where conventional system cannot accommodate; that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system; or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). ODG recommends BioniCare knee device as an option for patients in a therapeutic exercise program for osteoarthritis of the knee, who may be candidates for total knee arthroplasty (TKA) but want to defer surgery. In this case, patient already underwent right knee arthroscopy, and patellofemoral arthroplasty. Moreover, there was no evidence of medical conditions that prevent the use of a traditional TENS unit for the knee. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Bionicare Knee Device for the right knee is not medically necessary.