

Case Number:	CM14-0088226		
Date Assigned:	07/23/2014	Date of Injury:	04/02/2004
Decision Date:	09/09/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with date of injury of 04/02/2004. The listed diagnoses per [REDACTED] dated 05/09/2014 are: Status/post (S/P) bilateral anterior cruciate ligament (ACL) reconstruction with meniscus repair, low back pain, GI symptoms, abdominal pain, right hip pain and sleep disturbance. According to the report, the patient complains of bilateral knee pain with weakness. The patient reports a recent flare-up of symptoms. The patient states pain medications are moderately helpful. The patient also complains of GI upset with pain medications. There are also complaints of sleep disturbance. The report dated 08/14/2013 notes the objective findings using a computer generated form with marked boxes. The provider marks that the patient presents with mild distress. His posture is erect. There is difficulty with walking. The patient moves with stiffness and does not use any assistive device for ambulation. The patient is compliant with his current medication regimen and states that medications are helping with pain. The patient does not report any adverse side effects and no urine drug screen results were noted. The utilization review denied the request on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) acupuncture sessions to the bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with bilateral knee pain. The provider is requesting 6 Acupuncture Sessions to the bilateral knees. The MTUS Guidelines for Acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any recent Acupuncture therapy reports to verify how many treatments the patient has received and with what results. In this case, the patient can benefit from an initial course of Acupuncture Sessions to address bilateral knee pain. And the requested 6 sessions are within MTUS Guidelines. Therefore, the request is medically necessary.

Prescription Nexium #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 68-69) Page(s): 68-69.

Decision rationale: This patient presents with bilateral knee pain. The provider is requesting Nexium quantity #30 with 3 refills. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks state that it is recommended for precaution to determine if the patient is at risk for gastrointestinal events: (1) Ages greater than 65; (2) History of peptic ulcer, GI bleed, or perforation; (3) Concurrent use of ASA or corticosteroid and anticoagulants; and (4) High-dose multiple NSAIDs. The progress report dated 05/09/2014 notes that the patient reports GI upset with his current medications. His current list of medications includes Tylenol, Naproxen 500 mg, Nexium, Toprophan, and a topical cream. In this case, the provider has noted side effects from medication use and the requested Nexium is medically necessary.

Prescription of Toprophan #30 with 3 refills: 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)- Insomnia.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Vitamin B, 5-hydroxytryptophan, Melatonin.

Decision rationale: This patient presents with bilateral knee pain. The provider is requesting Toprophan quantity #30 with 3 refills. Toprophan is a medical nutritional supplement consisting of vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol, and other ingredients. The combination of these ingredients may aid patients in falling asleep and staying asleep. The ODG Guidelines do not support the use of Vitamin B, nor Tryptophan, the major ingredients in this compound. ODG also states that Vitamin B is frequently used for peripheral neuropathy without evidence. Given the lack of the guideline support for most of the ingredients in this product, recommendation for Toprophan #30 with 3 refills is not medically necessary and appropriate.

Prescription of Cyclobenzaprine/Ketoprofen/Lidocaine topical compound cream 240gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded products.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams page 111Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with bilateral knee pain. The provider is requesting topical compound cream. The MTUS Guidelines page 111 on topical cream states that it is recommended as an option but it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In this case, cyclobenzaprine is not medically necessary.