

Case Number:	CM14-0095974		
Date Assigned:	08/06/2014	Date of Injury:	03/19/2002
Decision Date:	09/10/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 Orthopedic Surgery 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:

This is a 75 year old male with reported industrial injury date of 3/19/02. Exam note from 6/18/14 demonstrates persistent knee pain. Objective findings include ambulation with a cane. Gait is noted to be slow and antalgic. Tenderness is noted along bilateral knees along the medial and lateral joint line. Range of motion is noted to have full extension and flexion to 110 degrees. Diagnosis is made of internal derangement of the left knee and right knee. Exam note 2/25/14 demonstrates persistent pain in the knees and left hip. Objective findings demonstrate antalgic gait with report of internal derangement of the left and right knee. Prior authorization was performed on 3/6/14 for comprehensive blood testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream, 1 bottle: 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): 111-112.

Decision rationale: Per the CA MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily

recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 then not recommended. Lidopro is a compounded medication and is not medically necessary.

Terocin Patches, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the CA MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 then not recommended. Terocin is a compounded medication and is not medically necessary.

Comprehensive Metabolic Panel, CBC and UA for liver and kidney function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list and adverse effects, page 70 states that it is recommended to measure liver transaminases within 4-8 weeks after therapy. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile. In this case a prior authorization was performed on 3/6/14 for testing. The results are not known and there is no indication of systemic illness to warrant further testing. Therefore request is not medically necessary.

Standing Xray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-143.

Decision rationale: Per the CA MTUS/ACOEM guidelines Chapter 13, Knee Complaints, page 341-343, criteria for knee radiographs include inability to walk or weight bear, inability to flex

knee to 90 degrees, joint effusion within 24 hours after direct blow or fall or tenderness over the fibular head or patella. In this case the notes cited above do not demonstrate any of the criteria. There is no medical rationale given for the requested knee radiographs. Therefore the request is not medically necessary.

Weight unloading brace for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: Per the CA MTUS/ACOEM guidelines Chapter 13, Knee Complaints, page 341-343, criteria for knee radiographs include inability to walk or weight bear, inability to flex knee to 90 degrees, joint effusion within 24 hours after direct blow or fall or tenderness over the fibular head or patella. In this case the notes cited above do not demonstrate any of the criteria. There is no medical rationale given for the requested knee radiographs. Therefore the request is not medically necessary.

Weight unloading brace for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Knee brace.

Decision rationale: CA MTUS / ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues or has undergone surgical intervention. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.

Hyalgan Injection: 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, Criteria for Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Hyaluronic acid.

Decision rationale: CA MTUS/ACOEM is silent regarding the request for viscosupplementation for the knee. According to the ODG Knee and leg chapter, Hyaluronic acid injection, it is indicated for patients with documented severe osteoarthritis of the knee. As there is no radiographic documentation of severe osteoarthritis in the records for this claimant, the request is not medically necessary.