

Case Number:	CM14-0099910		
Date Assigned:	07/28/2014	Date of Injury:	02/15/2013
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pennsylvania. 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 61-year-old, female who sustained a vocational injury on 02/15/13. The medical records provided for review document working diagnoses of moderate to severe bilateral knee degenerative joint disease, right knee lateral meniscus tear, bilateral shoulder subacromial bursitis, cervical sprain, and lumbar strain. The office visit dated 07/16/14 noted ongoing pain in the bilateral knees and spine with spasm. Examination of the cervical spine documented tenderness on palpation about the midline and paraspinal regions of the cervical spine with no sign of infection. There was positive paraspinal muscle spasm. Flexion was from 0 to 50 degrees, extension 0 to 40 degrees, rotation to the left and right 0 to 70 degrees, and lateral bending to the left and right was 0 to 30 degrees. Examination of the right shoulder showed flexion of 0 to 170 degrees, abduction to 0 to 150 degrees, external rotation 0 to 60 degrees, internal rotation 0 to 80 degrees, and abduction extension 0 to 40 degrees. There was positive subacromial bursitis, negative impingement, negative drop-arm test, negative Speed's test, negative apprehension sign, and negative O'Brien's test. She had 5-/5 strength to resistance in all directions. She was nontender over the AC joint with direct palpation or cross arm testing. The left shoulder exam showed flexion 0 to 170 degrees, abduction 0 to 150 degrees, external rotation 0 to 60 degrees, internal rotation 0 to 80 degrees, and abduction extension 0 to 40 degrees. There was positive subacromial bursitis, negative impingement, negative drop-arm test, negative Speed's test, negative apprehension sign, and negative O'Brien's test. There was 5-/5 strength to resistance in all direction. She was nontender over the acromioclavicular joint with direct palpation and cross-arm testing. Thoracic spine exam showed full range of motion with no specific tenderness to palpation at the midline. There was mild discomfort paraspinally. There was positive paraspinal muscle spasm. She had a mild antalgic gait. Examination of the left knee showed range of motion of 0 to 130 degrees. There was painful patellofemoral crepitus

with motion with no patellar instability. There was a negative Lachman, negative anterior drawer, and negative posterior drawer. She was stable to varus and valgus stress at 0 and 30 degrees. There was positive McMurray's testing creating medial and lateral joint line pain. There was a +2 popliteal pulse. There was no sign of an effusion, infection, or deep vein thrombosis. She had 5-/5 quadriceps strength and 5/5 hamstrings strength. There was positive tenderness to palpation on the medial and lateral joint lines. The right knee exam showed range of motion from 0 to 130 degrees. There was painful patellofemoral crepitus with motion with no patellar instability. There was a negative Lachman, negative anterior drawer, and negative posterior drawer. She was stable to varus and valgus at 0 and 30 degrees. Positive McMurray's testing creating medial and lateral joint line pain. There was 2+ popliteal pulse. She had 5-/5 quadriceps strength and 5/5 hamstrings strength. There was positive tenderness to palpation on the medial and lateral joint lines. MRI scan of the right knee from 09/27/13 revealed tricompartmental osteoarthritic changes with associated joint effusion, Baker cyst, increase signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear was not entirely excluded. X-rays of the left knee from 05/29/14 showed multi-compartmental degenerative changes with no acute bony abnormality demonstrated. X-rays of the right knee from 05/29/14 showed mild-compartment degenerative changes with progression of the lateral compartment narrowing since the previous study. Lab work was performed on 05/08/14 which revealed acceptable blood glucose, kidney, liver, and CBC function for ongoing judicious pain management. The current request is for a topical compound analgesic cream consisting of Amitriptyline, Dextromethorphan, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Amitriptyline/Dextromethorphan/Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Guidelines recommend that any compounded product that contains at least one drug or drug class that is not recommended. Currently, Gabapentin is not recommended as medically necessary due to the fact that there is no peer reviewed literature to support its use. Subsequently, the request for the topical compound cream, including Amitriptyline, Dextromethorphan, and Gabapentin is not medically necessary.

Med panel/blood draw, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus <http://labtestonline.org/understanding/analytes/cbc/tab/test>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127.

Decision rationale: In regards to the decision for a Med panel/blood draw and a CBC the documentation presented for review suggests that the claimant just had lab work done approximately three months ago which revealed acceptable blood glucose, kidney, liver, and CBC function. The documentation presented for review fails to establish or document that there is any new systemic complaints or physical exam objective findings which are concerning for liver, kidney, bladder, bowel, or hemodynamic concerns. Given the fact that the claimant had recent lab studies just over three months ago which were completely within normal limits, it is unclear as to the medical reasoning for repeat screening and subsequent medical necessity has not been established. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the medication panel, blood draw, and CBC is not medically necessary.