MAXIMUS Federal Services

Case Number:	CM13-0039172		
Date Assigned:	12/18/2013	Date of Injury:	11/25/2008
Decision Date:	03/05/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker has a date of injury 11/25/2008. No mechanism of injury was given. The IW had complaints of stiffness and weakness, thoracic spine pain, lumbar spine pain and left knee pain. The IW has been treated for lumbosacral spine, psychiatric symptoms, problems with gastrointestinal symptoms and the left knee. On 03/04/2013 the IW was seen in follow-up of the left knee which had been added to his injured body parts. The IW complained of problems with prolonged standing, walking, kneeling and squatting. He continued to have pain in the lumbar area. He has been doing a home exercise program and reportedly was doing well. The IW was considered permanent and stationary 03/04/2013 in regard to the left knee chronic strain with medial meniscal tear. At that time the IW did have a 43% whole body impairment in regard to the lumbosacral spine, psychiatric symptoms and problems with gastrointestinal symptoms and the left knee. He has been doing modified work with job restrictions. Over the course of the claim, the IW has received orthopedic and psychological care as well as dental evaluation with a sleep appliance for sleep apnea. A request for authorization was received 10/03/2013 for Gabaketolido 2-3 times daily, Capsaicin 2-3 times daily, Ultracet 37.5/325 mg as needed, and Injection Depo 1mg/1 injection and Injection Marcaine 1ml (1 injection). After reviewing the medical records of 01/17/2011 through 01/21/2013 plus an one undated progress report, a Utilization Review (UR) decision was issued on 09/11/2013 with non-approval of the Capsaicin, Ultracet , and Injections of Depo and Marcaine. Gabaketolido 2-3 X a day was denied citing California Medical Treatment Utilization Schedule (CA-MTUS) Topical Analgesics. Capsaicin 2-3X a day was non-certified citing CA MTUS Topical Analgesics. The Depo 1cc/ 1 injection

and Marcaine 1cc/1 injection were denied citing CAMTUS ACOEM (American College of Occupational and Environmental Medicine) Chapter 12 Low Back Complaints and Chapter 13 Knee Complaints. Ultracet 37.5/325 mg was denied citing California Medical Treatment Utilization Schedule (CA-MTUS). An application for independent medical review was made on 10/03/2013 for all the medications denied in the UR decision of 09/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAKETOLIDO 2-3 X A DAY: 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: The patient is a 45 year-old male with a 11/25/2008 date of injury. The medical report that requests or discusses the treatment was not provided for this review. The most recent report provided for review is an orthopedic permanent and stationary report dated 3/4/13. The patients diagnosis is left knee chronic strain with medial meniscal tear, weakness and some atrophy. This review is for Gabaketolido 2-3x a day.Gabaketolido is a compounded topical medication that contains gabapentin, ketoprofen and lidocaine. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended is not recommended.MTUS states topical gabapentin is not recommended, therefore the whole compounded topical product that contains gabapentin is not recommended. The request for Gabaketolido 2-3x a day IS NOT medically necessary.

CAPSAICIN 2-3X A DAY: 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: The patient is a 45 year-old male with a 11/25/2008 date of injury. The medical report that requests or discusses the treatment was not provided for this review. The most recent report provided for review is an orthopedic permanent and stationary report dated 3/4/13. The patients diagnosis is left knee chronic strain with medial meniscal tear, weakness and some atrophy. This review is for Capsaicin 2-3x a day.MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states these are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. For Capsaicin it states Recommended only as an option in patients who have not responded or are intolerant to other treatments.In the limited records provided, there is no indication of neuropathic pain. The

patient is reported to have a knee strain and meniscal tear. There is no mention of trials and failure of antidepressants or anticonvulsants. The use of topical capsaicin is not in accordance with the MTUS recommendations. The request for Capsaicin 2-3x a day IS NOT medically necessary.

INJECTION DEPO 1CC (1 INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 298-301, 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Knee chapter, Corticosteroid injections

Decision rationale: The patient is a 45 year-old male with a 11/25/2008 date of injury. The medical report that requests or discusses the treatment was not provided for this review. The most recent report provided for review is an orthopedic permanent and stationary report dated 3/4/13. The patients diagnosis is left knee chronic strain with medial meniscal tear, weakness and some atrophy. This review is for Injection Depo 1cc, 1 injection.ACOEM chapter 13, Knee, page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection.ODG-TWC guidelines, Knee section online for Corticosteroid injections: Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection.There are no reports available that discuss the injection. The available report discusses a knee strain with meniscus tear, but does not mention osteoarthritis of the knee. ODG suggests corticosteroid injections such as DepoMedrol for osteoarthritis. ACOEM guidelines state that cortisone injections are not routinely indicated. The request for injection presented to IMR without the medical report with supporting rationale does not appear to be in accordance with ACOEM guidelines. Based on the available information, the request for Injection Depo 1cc, 1 injection IS NOT medically necessary.

INJECTION MARCAIN 1CC (1 INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints Page(s): 298-301, 1021-1022. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The patient is a 45 year-old male with a 11/25/2008 date of injury. The medical report that requests or discusses the treatment was not provided for this review. The most recent report provided for review is an orthopedic permanent and stationary report dated 3/4/13. The patients diagnosis is left knee chronic strain with medial meniscal tear, weakness and some atrophy. This review is for Injection Marcaine 1cc, 1 injection.ACOEM chapter 13, Knee,

page 339 states: Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection.There are no reports available that discuss a Marcaine injection. ACOEM guidelines state that invasive technics are not routinely indicated. The request for injection presented to IMR without the medical report with supporting rationale does not appear to be in accordance with ACOEM guidelines. Based on the available information, the request for Injection Marcaine 1cc, 1 injection IS NOT medically necessary.

ULTRACET 37.5/325MG PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient is a 45 year-old male with a 11/25/2008 date of injury. The medical report that requests or discusses the treatment was not provided for this review. The most recent report provided for review is an orthopedic permanent and stationary report dated 3/4/13. The patients diagnosis is left knee chronic strain with medial meniscal tear, weakness and some atrophy This review is for use of Ultracet 37.5/325mg PRN. The available medical records do not discuss efficacy of any of the medications. MTUS Guidelines pages 88-89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief.The provided medical records did not discuss efficacy of Ultracet. There is no indication that the medication is providing pain relief, improved function or quality of life. Based on the provided information, the continued use of Ultracet without discussing efficacy, is not in accordance with MTUS guidelines. The request for Ultracet 37.5/325 mg PRN, IS NOT medically necessary.