

Case Number:	CM14-0190874		
Date Assigned:	11/26/2014	Date of Injury:	08/15/2012
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 American Board of Internal Medicine 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 injured worker (IW) is a 60-year-old man with a date of injury of August 15, 2012. There is a complaint Pursuant to a of knee dysfunction after slipping in a freezer. Initial MRI of the right knee was performed March 25, 2013. Impression: 1. IIIA abnormality of the posterior horn of the medial meniscus as well as posterior horn of the lateral meniscus represents a tear. 2. Partial tear of the posterior cruciate ligament. Pursuant to the Primary Treating Physician's Progress Report dated April 23, 2014, the working diagnoses were right rotator cuff syndrome, left shoulder partial rotator cuff tear and rotator cuff syndrome, multilevel cervical disc herniation, lumbar spondylolisthesis, bilateral carpal tunnel syndrome, and depression. There was not a physical examination of the right knee documented. There was no diagnoses documented pertaining to the right knee. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated September 2, 2014, the IW complains of persistent pain in the neck, back, shoulders, hands, wrists, and right knee. Pain in the right knee is rated 8/10. The IW ambulates with a cane. There were no subjective complaints of the knee giving way. The IW is not working. The pain is made better with rest and medications. The IW takes Motrin, which helps his pain and allows him to ambulate with a cane for 30 minutes as opposed to 15 minutes without the medications. The pain is made worse with activities. On physical examination, the right knee has decreased range of motion of flexion to 120 degrees and extension to 0 degrees. Varus and Valgus stress test was positive. McMurray's test was positive. There was decreased quadriceps strength at 4/5. There was tenderness over the medial and lateral joint lines with slight instability. The current working diagnoses include right shoulder rotator cuff syndrome; left shoulder partial rotator cuff tear and rotator cuff syndrome; cervical disc herniation, multilevel; lumbar spondylolisthesis; bilateral carpal tunnel syndrome; and right knee sprain/strain, rule out internal derangement. The provider is requesting authorization for new MRI of the right knee, right knee brace, and treatment with a

spine surgeon. The IW was given a prescription for Motrin 800mg #90, and a request is made for Diclofenac 3%/Lidocaine 5% cream as the IW is experiencing GI upset secondary to Motrin use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brand Kera-Tek gel, 4oz prescribed on 9/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Brand Kera-tek gel 4 ounces prescribed on September 29, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Keratek contains methyl salicylate and menthol. Menthol is not recommended. In this case, the treating physician requested topical Keratek. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Keratek is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Keratek topical is not medically necessary.

Compound cream, Diclofenec/Lidocaine (3%/5%) 180g: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, diclofenac/lidocaine (3%/5%) 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. No other commercially approved topical formulation of lidocaine, other than the patch, whether creams, lotions or gel is indicated for neuropathic pain. In this case, the injured worker is a 60-year-old man with date of injury August 15, 2012. The injury is to the knee. Lidocaine in cream form is not recommended. Any

compounded product that contains at least one drug (lidocaine cream) that is not recommended is not recommended. Consequently, diclofenac/lidocaine (3%/55) 180 g is not medically necessary.

Right Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of knee braces

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

Decision rationale: Pursuant to the Official Disability Guidelines, right knee brace is not medically necessary. The guidelines enumerate the criteria for use of knee braces. Prefabricated knee braces may be appropriate in patients with one of the following conditions. They include, but are not limited to the instability, ligament insufficiency/deficiency. Fee guidelines for additional details. In this case, a progress note from April 23, 2014 indicates the working diagnoses were right shoulder rotator cuff syndrome, left shoulder partial rotator cuff tear and rotator cuff syndrome, cervical disc herniation multilevel, multilevel disc herniation lumbar, lumbar spondylolisthesis, bilateral carpal tunnel syndrome, and depression. There were no subjective symptoms referable to the right knee. There were no objective findings in the medical record. There was no assessment and plan referencing the affected right knee. A follow-up progress note dated September 14, 2014 indicates the injured worker has persistent pain in the neck, back, shoulders wrists and right knee. The injured worker ambulates with a cane. There were no subjective complaints of the knee giving way. The note further states the injured worker takes Motrin which helps him ambulate with a cane for 30 minutes as opposed to 15 minutes without medication. On physical examination the right knee has decreased range of motion to flexion of hundred and 20 and extension 0. McMurray's test was positive. There was decreased quadriceps strength or out of five. There was tenderness over the medial and lateral joint line is with slight instability. The working diagnosis on the September 2, 2014 progress note indicates right knee sprain/strain, left internal derangement. The injured worker, according to the documentation, is able to ambulate up to 30 minutes with nonsteroidal anti-inflammatory drug use. There is no documentation of the knee giving way or any other clinical symptoms indicating instability. Additionally, MRI evaluation shows a tear in the lateral and posterior horn of the meniscus. There was no injury or tear to the ligaments within the joint. The objective findings noted there was tenderness over the medial and lateral joint line with slight instability; however, it is unclear as to the latter meaning. The injured worker did not meet any of the criteria for use of the knee brace in the official disability guidelines. Consequently, the right knee brace is not medically necessary.