

Case Number:	CM14-0194976		
Date Assigned:	12/02/2014	Date of Injury:	06/26/2014
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, 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 37 year old male with an injury date of 06/26/14. Per the 10/31/14 progress report, the patient presents with pain to the right anterior knee with popping buckling and giving way. The patient's diagnoses include: 1. Capsular sprain, right knee 2. Plica syndrome, right knee 3. Patellofemoral syndrome, right knee Medications are listed as Flurbiprofen, FlurLido, and Ultra Flex cream. The utilization review being challenged is dated 11/07/14. Reports were provided from 07/11/14 to 11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection (kenalog 40mg) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS does not specifically discuss injections of this medication. ODG, Knee & Leg Chapter, Corticosteroid injections, states, "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. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. " Criteria for Intra-articular glucocorticosteroid injections require knee pain and at least 5 of 9 criteria: Bony Enlargement, Bony tenderness, Crepitus, Erythrocyte sedimentation rate, Less than 30 minutes morning stiffness, No palpable warmth of synovium, over 50 years of age, Rheumatoid factor less than 1:40 titer, Synovial fluid signs. The 11/04/14 RFA states, "Using the Physician EZ use Kit with Kenalog 40 mg." The treater does not otherwise discuss this request in the reports provided. There is no documentation of osteoarthritis in the right knee and that the patient meets at least 5 of the 9 listed criteria required by ODG above. The request is not medically necessary.

Acupuncture for the right knee QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines
http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.d.

Decision rationale: The patient presents with pain in the right anterior knee with popping, buckling and giving way. The current request is for Acupuncture for the right knee QTY: 8.00 10/31/14 report and 11/04/14 RFA. The 11/07/14 utilization review modified the requested 8 sessions to 6 sessions. MTUS recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. The treater does not discuss this request in the reports provided. There is no indication the patient received prior acupuncture treatment, and it appears this is an initial course of treatment; however, MTUS allows for a trial of only 6 sessions and the request is for 8 sessions. If a trial has been completed, no evidence of functional improvement has been provided for review. In this case, the request is not medically necessary.

Flurido-A cream 240gm (fluribiprofen 20%, lidocaine 5%, amitriptyline 5% QTY: 1.00: Upheld

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

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

Decision rationale: The patient presents with pain in the right anterior knee with popping, buckling and giving way. The current request is for FlurLido-A cream 240gm (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% QTY: 1.00 per 10/31/14 report and 11/04/14 RFA. MTUS guidelines page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain."

The treater does not discuss this request or the intended use of this medication in the reports provided. In this case, this requested topical cream contains Lidocaine which is recommended in patch form only for peripheral, localized neuropathic pain. The knee pain in this patient does not appear to be neuropathic pain and the lidocaine is not in patch form. Therefore, the request is not medically necessary.

Ultraflex-G cream 240gm (gabapentin 10%, cyclobenzaprine 6% tramadol 10%) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The patient presents with pain in the right anterior knee with popping, buckling and giving way. The current request is for UltraFlex-G cream 240gm (gabapentin 10%, cyclobenzaprine 6% Tramadol 10%) QTY: 1.00 per 10/31/14 report and 11/04/14 RFA. The MTUS has the following regarding topical creams (p111, chronic pain section): "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 not recommended." The treater does not discuss this request in the reports provided. In this case, this requested topical cream contains Cyclobenzaprine and Tramadol that are not recommended for topical formulation. Furthermore, it contains Gabapentin that MTUS specifically states is not recommended under the topical cream section. Therefore, the medication is not recommended by MTUS and is not medically necessary.