

Case Number:	CM14-0201094		
Date Assigned:	12/11/2014	Date of Injury:	04/02/2004
Decision Date:	01/29/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 Family Practice, and is licensed to practice in New Jersey. 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 is a 43 year-old female who was injured on 4/2/04 when she struck her knee on a machine, twisted her back, and felt pain. She complained of lumbar spine pain radiating to both legs with numbness and tingling. On exam, she had tender lumbar paraspinal muscles, with decreased range of motion and positive straight leg raise on the right. An MRI of thoracic spine from 2009 showed right paracentral disc protrusion at T6-7 which imprints on the anterior thoracic cord, central disc protrusions. MRI of the lumbar disc showed central and right paracentral disc protrusion at L4-5 with ligamentum flavum hypertrophy causing mild central stenosis, mild posterior disc bulge at L5-S1, and flattening of the posterior aspect of the disc at L3-4. She was diagnosed with lumbar discopathy with disc displacement, lumbar radiculopathy, and left knee internal derangement. On 9/21/10, she had lumbar disc surgery and fusion. She had aquatherapy with improvement in functional tolerance, range of motion, flexibility, strength, and stability. Her medications included Ambien, a topical analgesic cream. The current request is for left knee MRI, Ambien, Gabapentin, Tramadol, Lorazepam, and a topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (10/27/14), MRIs, Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI

Decision rationale: The request is considered not medically necessary. The documentation does not demonstrate any symptoms or exam findings of meniscal tears, ligament strains or tears, patella-femoral syndrome, tendinitis, or prepatellar bursitis which are better identified by MRI. As per ODG, if the patient had abnormal x-ray findings that needed evaluation, an MRI might be reasonable, but there is not documentation of a knee-x-ray. There are no red flags requiring imaging through MRI. Therefore, the request is considered not medically necessary.

Ambien #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/30/14)

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

Decision rationale: The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene, the risk of long-term use of Ambien currently outweighs benefit and is considered not medically necessary.

Flurbiprofen / Menthol / Camphor / Capsaicin topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 10/30/14), Compound drugs

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

Decision rationale: The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Any compounded product that contains at least one drug that is not

recommended is not recommended. There are no guidelines for the use of menthol with the patient's back and knee complaints. In the MTUS, there are no guidelines for the use of camphor. Therefore, the request is considered not medically necessary.