

Case Number:	CM14-0208139		
Date Assigned:	12/22/2014	Date of Injury:	08/05/2009
Decision Date:	02/18/2015	UR Denial Date:	11/27/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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 & Rehabn

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 57 year old female with an injury date on 08/05/2009. Based on the 10/01/2014 progress report provided by the treating physician, the diagnoses are:1. Discogenic lumbar condition, for which no MRI has been done2. Impingement syndrome and bicipital tendonitis along the shoulder on the right with evidence on exam of possible labral tear. The MRI showing tendinosis, wear along the AC joint and glenohumeral surface.3. Internal derangement bilaterally, status post interventional treatment with meniscectomy, medially and laterally bilaterally. On the right, she also has lateral retinacular release with grade 3 chondromalacia noted at surgery along the medial joint line.4. Chronic pain syndromeAccording to this report, the patient complains of pain in the bilateral knee, low back pain and right shoulder. Patient ambulates with a cane. Physical exam reveals tenderness along the knee. Knee range of motion is 85 to 155 degree. Crepitation is noted. The patient's "sitting time is half an hour. Standing and walking is minimal.Treatment to date includes custom brace for the bilateral knee, weight Watcher, and TENS unit. The treatment plan is to request for Norco #120, Nalfon #60, Flexeril #60, Terocin patches #30, TENS pads, and MRI of the lumbar spine. The patient's work status is "permanent and stationary on June 20, 2013." There were no other significant findings noted on this report. The utilization review denied the request for (1) 1 Hyalgan injection to both knees, (2) Terocin patches #30, and (3) 1 prescription of Flexeril 7.5mg, #60 on 11/27/2014 based on the MTUS/ODG guidelines.The requesting physician provided treatment reports from 01/25/2013 to 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hyalgan injection to both knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Hyaluronic Acid Injections.

Decision rationale: According to the 10/01/2014 report, this patient presents with pain in the bilateral knee, low back pain and right shoulder. The current request is for 1 Hyalgan injection to both knees but the treating physician's report containing the request is not included in the file. Regarding Hyaluronic injection, MTUS and ACOEM do not discuss, but ODG guidelines provide a thorough review. ODG guidelines recommend Hyaluronic injection for "severe arthritis" of the knee that has not responded to other treatments. This patient does not presents with "severe arthritis" of the knee. Furthermore, ODG do "not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, patellofemoral arthritis, or patellofemoral syndrome (patellar knee pain)." In this case, the patient presents with chondromalacia of the patella for which Hyaluronic injections are not indicated. There is no evidence of "severe osteoarthritis" either. Therefore, the current request is not medically necessary.

1 prescription of Terocin patches, #30: 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)

Decision rationale: According to the 10/01/2014 report, this patient presents with pain in the bilateral knee, low back pain and right shoulder. The current request is for 1 prescription of Terocin patches, #30. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The MTUS guidelines state that Lidocaine patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsion have failed. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In reviewing the provided reports, the treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the Lidoderm patches is not stated and there is no clear documentation of neuropathic pain. In this case, this patient presents with shoulder and knee pain that peripheral and localized without neuropathic pain. The current request is not medically necessary.

1 prescription of Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS; Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64; 63.

Decision rationale: According to the 10/01/2014 report, this patient presents with pain in the bilateral knee, low back pain and right shoulder. The current request is for one prescription of Flexeril 7.5mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 01/25/2013 report. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.