MAXIMUS Federal Services

Case Number:	CM14-0219038		
Date Assigned:	01/09/2015	Date of Injury:	04/02/2004
Decision Date:	04/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial related injury on 4/2/04. The injured worker had complaints of bilateral knee pain. He received physical therapy. The injured worker was status post bilateral ACL reconstruction and meniscus repair. The treating physician requested authorization for 6 physical therapy sessions, 1 prescription of Ibuprofen 10% cream #60gm with 1 refill, 3 Supartz injection (series), and prescription of Nexium #30 with 1 refill. On 12/5/14 the requests were non-certified. Regarding physical therapy the utilization review (UR) physician cited the Chronic Pain Medical Treatment guidelines and noted the guidelines recommend up to 10 visits of physical medicine. The injured worker had already received 18 physical therapy sessions. Therefore the request was non-certified. Regarding Supartz injections, the UR physician cited the Official Disability Guidelines (ODG) and noted there is insufficient evidence to support that the injured worker's pain was due to osteoarthritis. Regarding Ibuprofen cream, the UR physician cited the Chronic Pain Medical Treatment guidelines, and noted there were no long term studies that cited the effectiveness or safety of this medication. Regarding Nexium the UR physician cited the Chronic Pain Medical Treatment guidelines, and noted the injured worker does not meet the criteria for immediate risk factors and is not using high-dose or multiple NSAIDS. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338,Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee pain and therapy 54.

Decision rationale: According to the ODG guidelines, up to 24 sessions are recommended after ACL repair. According to the ACOEM and MTUS guidelines, physical therapy should be performed in a fading frequency with additional exercises to be performed at home. In this case, home exercises were recommended in July 2014. There is no indication that home exercises cannot be performed. By 11/2014, the claimant had completed at least 17 sessions of therapy, however, there were numerous sessions provided without log of treatment number. The amount of prior sessions is not accurately accounted. The request of an additional 6 sessions is not justified based on the information provided and the recommendations of the guideline and is therefore not medically necessary.

Nexium #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Nexium is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant had been on oral and topical NSAIDS exacerbating GI symptoms. The topical NSAIDs as noted above can have similar systemic absobtion as oral medication and is not medically necessary. Therefore, the continued use of Nexium is not medically necessary.

Ibuprofen 10% cream #60gm with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or

safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical NSAIDs such as Ibuprofen can be used for up to 12 weeks for osyeoarthritis. However, topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. In this case, the claimant had been on oral NSAIDs (Naproxen) along with the topical Ibuprofen which would worsen the claimant's health risks. In addition, there is no justification for prolonged use of topical analgesics. Ibuprofen 10% cream #60gm with 1 refill is not medically necessary and appropriate.