

Case Number:	CM15-0109361		
Date Assigned:	06/16/2015	Date of Injury:	06/04/2012
Decision Date:	09/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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 & Rehabilitation

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 50 year old male who sustained a work related injury June 4, 2012. Past history included asthma, anxiety and depression. While working as a sheriff at a traffic stop, a vehicle rolled backwards trapping his left leg between the bumper of the suspect's vehicle, and the front bumper of his patrol car, with injury to the left knee. According to the primary treating physician's initial orthopedic report, dated March 20, 2015, the injured worker is on full duty but has pain in the left knee, rated 8/10, along with swelling tightness, weakness, occasional popping, and gives way. Physical examination revealed decreased lordosis, positive straight leg raise at 75 degrees bilaterally eliciting pain in the L5-S1 dermatome distribution. Examination of the left knee revealed joint effusion, medial and lateral line tenderness, and positive chondromalacia patella compression test. Impressions are s/p contusion to the left knee; rule out osteochondral injury; rule out meniscal tear; rule out chondromalacia. At issue, is the request for authorization for Flurbiprofen/Capsaicin/Menthol/Camphor, interferential unit and supplies, Ketoprofen/Cyclobenzaprine/Lidocaine, physical therapy, physiotherapy, and Voltaren ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy (Left Knee), 2-3 times wkly for 6 wks, 12-18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 5/29/15 QME provided by the treating physician, this patient presents with constant dull pain in his left knee, which involves clicking, aching, and occasional locking of the joint. The treater has asked for Physiotherapy (Left Knee), 2-3 times wkly for 6 wks, 12-18 sessions on 3/20/15 to "include strength training, increasing range of motion and decreasing pain." The request for authorization was not included in provided reports. The patient is currently experiencing constant left knee pain rated 8/10 on VAS scale per 3/20/15 report. The patient is s/p epidural injections to cervical spine from an injury in 2000, and treatment for post concussion syndrome as well as plantar fasciitis per 5/29/15 QME. The patient does not have a history of knee surgeries per review of reports. The patient's work status is currently "full duty" per 3/20/15 report. MTUS Physical Medicine Section, pages 98, 99: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, it is not known if the patient had physical therapy in the past. Per utilization review letter dated 6/4/15, "considering the date of the injury, the claimant is already expected to have received prior physical therapy." However, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds that request. Hence, the requested physiotherapy for the left knee IS NOT medically necessary.

Interferential unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Based on the 5/29/15 QME provided by the treating physician, this patient present with constant dull pain in his left knee, which involves clicking, aching, and occasional locking of the joint. The treater has asked for Interferential unit and supplies but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is currently experiencing constant left knee pain rated 8/10 on VAS scale per 3/20/15 report. The patient is s/p epidural injections to cervical spine from an injury in 2000, and treatment for post concussion syndrome as well as plantar fasciitis per 5/29/15 QME. The patient does not have a history of knee surgeries per review of reports. The patient's work status is currently "full duty" per 3/20/15 report. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with

recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." These devices are recommended in cases where: (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). According to utilization review letter dated 6/4/15, the IF unit was denied as there is no evidence of a prior trial. MTUS recommends one month trial before a home unit is to be allowed for purchase. Additionally, the treater does not explain the necessity of the requested "supplies." This request IS NOT medically necessary.

Physical Therapy, 2 times wkly for 6 wks, 12 sessions, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 5/29/15 QME provided by the treating physician, this patient present with constant dull pain in his left knee, which involves clicking, aching, and occasional locking of the joint. The treater has asked for Physical Therapy, 2 times wkly for 6 wks, 12 sessions, Left Knee but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is currently experiencing constant left knee pain rated 8/10 on VAS scale per 3/20/15 report. The patient is s/p epidural injections to cervical spine from an injury in 2000, and treatment for post concussion syndrome as well as plantar fasciitis per 5/29/15 QME. The patient does not have a history of knee surgeries per review of reports. The patient's work status is currently "full duty" per 3/20/15 report. MTUS Physical Medicine Section, pages 98, 99: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, it is not known if the patient had physical therapy in the past. Per utilization review letter dated 6/4/15, "considering the date of the injury, the claimant is already expected to have received prior physical therapy." However, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request for 12 sessions exceeds that request. Hence, the requested physiotherapy for the left knee IS NOT medically necessary.

Voltaren XR (extended release) 100 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: Based on the 5/29/15 QME provided by the treating physician, this patient presents with constant dull pain in his left knee, which involves clicking, aching, and occasional locking of the joint. The treater has asked for Voltaren XR (extended release) 100 mg Qty 60 on 3/30/15 "for inflammation." The request for authorization was not included in provided reports. The patient is currently experiencing constant left knee pain rated 8/10 on VAS scale per 3/20/15 report. The patient is s/p epidural injections to cervical spine from an injury in 2000, and treatment for post concussion syndrome as well as plantar fasciitis per 5/29/15 QME. The patient does not have a history of knee surgeries per review of reports. The patient's work status is currently "full duty" per 3/20/15 report. MTUS Guidelines, Anti-Inflammatory Medications Section, page 22 state Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs NSAIDs "in chronic LBP and of antidepressants in chronic LBP." ODG Guidelines, Pain Chapter, under Diclofenac Sodium states: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The treater does not discuss this request in the reports provided. The 06/10/15 report states that the patient rates her pain as an 8/10. Review of the reports do not show any evidence of Voltaren being used in the past. The 3/20/15 report requests Voltaren XR but the utilization review letter dated 6/4/15 denies Voltaren XR as "it is a duplicate request" to the already requested Diclofenac Sodium. As they are two separate medications that were requested on separate progress reports, the requested Voltaren XR is reasonable for the patient's chronic pain condition. The requested Voltaren IS medically necessary.

Ketoprofen/ Cyclobenzaprine/Lidocaine: 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.

Decision rationale: Based on the 5/29/15 QME provided by the treating physician, this patient presents with constant dull pain in his left knee, which involves clicking, aching, and occasional locking of the joint. The treater has asked for Ketoprofen/ Cyclobenzaprine/Lidocaine but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is currently experiencing constant left knee pain rated 8/10 on VAS scale per 3/20/15 report. The patient is s/p epidural injections to cervical spine from an injury in 2000, and treatment for post concussion syndrome as well as plantar fasciitis per 5/29/15 QME. The patient does not have a history of knee surgeries per review of reports. The patient's work status is currently "full duty" per 3/20/15

report. MTUS, topical analgesics section pg. 111: Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): 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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. In this case, there are no discussions regarding location that will be treated, nor medication efficacy. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Flurbiprofen/Capsaicin/Menthol/Camphor: 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.

Decision rationale: Based on the 5/29/15 QME provided by the treating physician, this patient presents with constant dull pain in his left knee, which involves clicking, aching, and occasional locking of the joint. The treater has asked for Flurbiprofen/Capsaicin/Menthol/Camphor but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is currently experiencing constant left knee pain rated 8/10 on VAS scale per 3/20/15 report. The patient is s/p epidural injections to cervical spine from an injury in 2000, and treatment for post concussion syndrome as well as plantar fasciitis per 5/29/15 QME. The patient does not have a history of knee surgeries per review of reports. The patient's work status is currently "full duty" per 3/20/15 report. MTUS Guidelines, Topical Analgesics section, page 111: Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): 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. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. Physical examination of the left knee revealed joint effusion, medial and lateral line tenderness, and positive chondromalacia patella compression test. Diagnoses are s/p contusion to the left knee; rule out osteochondral injury; rule out

meniscal tear; rule out chondromalacia. The patient has left knee pain and MTUS allows for the use of topical NSAID for peripheral joints like elbow, knee, wrists, and ankle. Given the patient's chronic knee pain, the compound topical cream trial is indicated. Provided this is a new medication, documentation of medication efficacy can be provided in subsequent reports. This request IS medically necessary.