

Case Number:	CM15-0145059		
Date Assigned:	08/06/2015	Date of Injury:	08/10/2006
Decision Date:	09/30/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 45-year-old male, with a reported date of injury of 08-10-2006. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury included right knee pain. The diagnoses include torn medial and lateral meniscus of the right knee. Treatments and evaluation to date have included right arthroscopic partial medial meniscectomy with chondroplasty of the medial femoral condyle and inter-trochlear groove with medial patellar facet on 02-20-2015, and physical therapy. The diagnostic studies to date were not indicated. The progress report dated 04-07-2015 indicates that the injured worker continued to have right knee soreness. It was noted that he had completed 6 out of 12 therapy sessions. The injured worker stated that swimming helped with the pain. The objective findings were documented as continued therapy and no changes. The treatment plan included continuation of therapy, continuation of exercise, and continuation of medications. The injured worker was instructed to remain of work. The treating physician requested work hardening, viscosupplementation, Flurbi cream LA, and Gabaclyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a work hardening program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work hardening Page(s): 125-126.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend work conditioning, work hardening as an option, "depending on the availability of quality programs." The criteria for admission to a work hardening program includes: work-related musculoskeletal condition with functional limitations; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau; not a candidate where surgery or other treatments would clearly be justified to improve function; physical and medial recovery to allow participation for a minimum of four hours a day for three to five days a week; a defined return to work goal agreed by the employer and employee; the employee must be able to benefit from the program; the employee must be no more than two years past the date of injury; work hardening program should be completed in four weeks consecutively or less; treatment is not supported for longer than one to two weeks without evidence of patient compliance and demonstrated significant gains; and after completion of a rehabilitation program, neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically justified for the same condition or injury. The injured worker is more than two years past the date of injury. The guidelines recommend ten visits over eight weeks for work conditioning. The treating physician requested twelve work hardening sessions, which exceeds the guideline recommendations. Therefore, the request for work hardening three times a week for four weeks is not medically necessary.

Viscosupplementation once a week for 3 weeks: 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 Chapter, Hyaluronic acid injections.

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: The MTUS Guidelines are silent on viscosupplementation. Viscosupplementation is a procedure in which a gel-like fluid called hyaluronic acid is injected into the knee joint. The non-MTUS Official Disability Guidelines (ODG) recommend hyaluronic acid injections as a possible option for severe osteoarthritis for patients who have not responded well to recommended conservative treatments; and to potentially delay a total knee replacement. The guidelines indicate that viscosupplementation is an effective treatment for osteoarthritis with beneficial effects. There was no evidence that the injured worker had been diagnosed with osteoarthritis. It was found that there was no benefit of hyaluronic acid injection after a knee arthroscopic meniscectomy in the first six weeks after surgery. The injured worker had a right arthroscopic partial medial meniscectomy on 02-20-2015. The rationale for the request was not indicated. Therefore, the request for viscosupplementation is not medically necessary.

Flurbi cream LA: 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 rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. Flurbi cream LA is a combination of Flurbiprofen, Lidocaine, and Amitriptyline. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA- approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. Topical use of Amitriptyline, which is a tricyclic antidepressant is not mentioned in the MTUS guidelines. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the concentration, quantity, site of application, or directions for use. For these reasons, the request for Flurbi cream LA is not medically necessary.

Gabacyclotram 180g: 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 rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The medication is a combination of Gabapentin, Cyclobenzaprine, and Tramadol. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. Cyclobenzaprine is muscle relaxant, and the guidelines indicate that there is no evidence for the use of any other muscle relaxants as a topical product. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the concentration, quantity, site of application, or directions for use. For these reasons, the request for Gabacyclotram is not medically necessary.