MAXIMUS Federal Services

Case Number:	CM15-0166802		
Date Assigned:	09/04/2015	Date of Injury:	01/03/2014
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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 23-year-old male, who sustained an industrial injury on 1-3-14. Initial complaints were not reviewed. The injured worker was diagnosed as having right knee pain, status post-surgery; right ankle status post fracture. Treatment to date has included status post right knee arthroscopy with lateral meniscectomy (5-5-14); physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 8-7-15 indicated the injured worker complains of right knee improved pain and swelling. The right anterior knee has continued pain with weight bearing-prolonged walking-standing activities and a feeling of instability with clicking-popping and locking of the right knee. He has difficulty with kneeling-squatting-stairs. His foot and ankle pain has improved with pain on the right lateral side and continued difficulty with prolonged standing and walking. The provider indicates a complete bilateral knee and ankle examination was performed. The injured worker is a status post right knee arthroscopy with lateral meniscectomy (5-5-14). He finds range of motion on the left and right with flexion at 150 degrees The provider is requesting authorization of Lido HCL 3 Percent with 2 Refills Prescribed 8-7-15; Right Knee Brace and Nabumetone 70 MG #60 Twice Daily with 2 Refills Prescribed 8-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido HCL 3 Percent with 2 Refills Prescribed 8/7/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Based on the 08/07/15 progress report provided by treating physician, the patient presents with right knee and ankle pain. The patient is status post right knee arthroscopy with lateral meniscectomy 05/05/14, and right ankle status post fracture. The request is for Lido HCL 3 Percent with 2 Refills Prescribed 8/7/15. Patient's diagnosis per Request for Authorization form dated 08/07/15 includes ankle sprain/strain and knee pain. Per 08/07/15 report, the right anterior knee has continued pain with weight bearing-prolonged walking - standing activities and a feeling of instability with clicking-popping and locking of the right knee. He has difficulty with kneeling-squatting-stairs. His foot and ankle pain has improved with pain on the right lateral side and continued difficulty with prolonged standing and walking. Physical examination to the right knee on 06/26/15 revealed tenderness to palpation anteriorly. Treatment to date has included surgery, imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Tramadol. The patient remains permanent and stationary, per 08/07/15 report. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 states, and “topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." MTUS, page 112 also states: "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Lido HCL 3 percent is included in patient's medications in RFA dated 08/07/15. It appears this medication is being initiated. There is no evidence provided medical records that this patient has been previously dispensed Lidoderm patches. MTUS supports topical lidocaine patches for localized peripheral pain. This patient continues with pain to the right knee and ankle. Since this medication is being initiated, treater did not have the opportunity to document efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Right Knee Brace: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Knee Brace.

Decision rationale: Based on the 08/07/15 progress report provided by treating physician, the patient presents with right knee and ankle pain. The patient is status post right knee arthroscopy with lateral meniscectomy 05/05/14, and right ankle status post fracture. The request is for right knee brace. Patient's diagnosis per Request for Authorization form dated 08/07/15 includes ankle sprain/strain and knee pain. Per 08/07/15 report, the right anterior knee has continued pain

with weight bearing-prolonged walking-standing activities and a feeling of instability with clicking-popping and locking of the right knee. He has difficulty with kneeling-squatting-stairs. His foot and ankle pain has improved with pain on the right lateral side and continued difficulty with prolonged standing and walking. Physical examination to the right knee on 06/26/15 revealed tenderness to palpation anteriorly. Treatment to date has included surgery, imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Tramadol. The patient remains permanent and stationary, per 08/07/15 report. ODG, Knee and Leg Chapter under Knee Brace does recommend knee brace for the following conditions: "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." Per 08/07/15 report, the right anterior knee has continued pain with weight bearing-prolonged walking -standing activities and a feeling of instability with clicking-popping and locking of the right knee. He has difficulty with kneeling-squatting-stairs. His foot and ankle pain has improved with pain on the right lateral side and continued difficulty with prolonged standing and walking. In this case, the patient is status post right knee meniscectomy, and continues with pain and instability of the right knee. Knee support was mentioned in progress report dated 03/13/15 and 08/07/15, with no indication that a knee brace has been dispensed. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Nabumetone 70 MG #60 Twice Daily with 2 Refills Prescribed 8/7/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, Anti-inflammatory medications.

Decision rationale: Based on the 08/07/15 progress report provided by treating physician, the patient presents with right knee and ankle pain. The patient is status post right knee arthroscopy with lateral meniscectomy 05/05/14, and right ankle status post fracture. The request is for Nabumetone 70 mg #60 twice daily with 2 refills prescribed 8/7/15. Patient's diagnosis per Request for Authorization form dated 08/07/15 includes ankle sprain/strain and knee pain. Per 08/07/15 report, the right anterior knee has continued pain with weight bearing-prolonged walking -standing activities and a feeling of instability with clicking-popping and locking of the right knee. He has difficulty with kneeling-squatting-stairs. His foot and ankle pain has improved with pain on the right lateral side and continued difficulty with prolonged standing and walking. Physical examination to the right knee on 06/26/15 revealed tenderness to palpation anteriorly. Treatment to date has included surgery, imaging studies, physical therapy, acupuncture, and medications. Patient's medications include Tramadol. The patient remains permanent and stationary, per 08/07/15 report. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 states: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be

sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)" MTUS, anti-inflammatory medications Section, page 22 states: "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 non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Nabumetone is included in patient's medications in RFA dated 08/07/15. It appears this medication is being initiated. There is no evidence provided medical records that this patient has been previously prescribed Nabumetone. Given the conservative nature of this medication and the lack of utilization to date, the use of this medication appears reasonable. Therefore, the request is medically necessary.