

<b>Case Number:</b>	CM15-0182808		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/26/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 3-26-15. The injured worker was diagnosed as having lumbar sprain, bilateral lower extremity radiculopathy, bilateral knee sprain and bilateral wrist sprain. Subjective findings (7-24-15) indicated pain in the lumbar spine, bilateral knees, bilateral hands-wrists and bilateral legs. The injured worker rates her pain 7-9 out of 10. She is not currently working and has not worked since 3-26-15. Objective findings (7-24-15) revealed a positive Phalen's and Tinel's sign in the bilateral wrist, a positive straight leg raise test and moderate tenderness to palpation of the lumbar paravertebral musculature. The examination of the bilateral knees shows decreased flexion bilaterally, a positive McMurray's sign and moderate tenderness to palpation. Treatment to date has included physical therapy for the right hand, low back and both knees (number or sessions not provided). The Utilization Review dated 8-17-15, non-certified the request for a bilateral knee MRI, a purchase of Kronos lumbar spine brace, Flurbiprofen 20% gel 120gm, Ketoprofen 20% 120gm-Ketamine 10% gel 120gm, Gabapentin 10%-Cyclobenzaprine 10%-Capsaicin 0.0375% 120mg and a purchase of an IF unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. Detailed evidence of severe and/or progressive deficits has not been documented. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. MRI bilateral knees is not medically necessary.

**Purchase of Kronos lumbar spine brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and the documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. Purchase of Kronos lumbar spine brace is not medically necessary.

**Flurbiprofen 20% gel 120gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20% gel 120gm is not medically necessary.

**Ketoprofen 20% 120gm/Ketamine 10% gel 120gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Ketoprofen 20% 120gm/Ketamine 10% gel 120gm is not medically necessary.

**Gabapentin 10%/Cyclobenzaprine10%/Capsaicin 0.0375% 120mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10%/Cyclobenzaprine10%/Capsaicin 0.0375% 120mg is not medically necessary.

**Purchase of interferential unit (IF): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** According to the MTUS an interferential current stimulation (ICS) is 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. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Purchase of interferential unit (IF) is not medically necessary.