

Case Number:	CM15-0183813		
Date Assigned:	09/24/2015	Date of Injury:	12/24/2014
Decision Date:	11/19/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old male, whose date of injury was December 24, 2014. The medical records (8-5-15) indicated the injured worker was treated for bilateral knees sprain-strain rule out internal derangement and sprains and strains of the ankle and foot. He complained of bilateral knee symptoms and rated his bilateral knee pain an 8 on a 10-point scale. He reported left ankle symptoms and rated his left ankle pain a 6 on a 10-point scale. His symptoms are relieved with medications, topical pain creams and therapy. He reported clicking and locking of the bilateral knees. Objective findings included moderate distress, bilateral medial joint line tenderness and bilateral crepitation. He had pain throughout bilateral range of motion of the knees and bilateral positive McMurray's tests. His medications included cyclobenzaprine 2%/flurbiprofen 25% and gabapentin 15%/dextromethorphan 10%/Amitriptyline 4%. He had approximately 10-12 sessions of physical therapy for the bilateral knees and ankles with no benefit. A report dated September 10, 2015 indicates that there has been no improvement with the physical therapy already provided. A request for authorization for autonomic nervous function test, compound cream flurbiprofen 25%/cyclobenzaprine 2% 180 grams, gabapentin 15%/dextromethorphan 10%/amitriptyline 4% 180 grams and eight physical therapy sessions for the bilateral knees and left ankles was received on August 21, 2015. On August 31, 2015, the Utilization Review physician determined autonomic nervous function test, compound cream flurbiprofen 25%/cyclobenzaprine 2% 180 grams, gabapentin 15%/dextromethorphan 10%/amitriptyline 4% 180 grams and eight physical therapy sessions for the bilateral knees and left ankles was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Autonomic nervous test: 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) Pain Chapter, CRPS diagnostic tests.

Decision rationale: Regarding the request for autonomic testing, California MTUS and ACOEM do not contain criteria for autonomic testing. ODG states that autonomic testing is not generally recommended. Within the documentation available for review, no peer-reviewed scientific literature has been provided supporting use of autonomic testing for this patient's diagnoses. In the absence of such documentation, the currently requested autonomic testing is not medically necessary.

8 physical therapy sessions bilateral knees and left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Ankle and Foot Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Flurbiprofen 25% Cyclobenzaprine 2% 180 grams: 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: Regarding the request for Flurbiprofen 25% Cyclobenzaprine 2% 180 grams, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Flurbiprofen 25% Cyclobenzaprine 2% 180 grams is not medically necessary.

Gabapentin 15% Dextromethorphan 10% Amitriptyline 4% 180grams: 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: Regarding the request for Gabapentin 15% Dextromethorphan 10% Amitriptyline 4% 180grams, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. As such, the currently requested Gabapentin 15% Dextromethorphan 10% Amitriptyline 4% 180grams is not medically necessary.