MAXIMUS Federal Services

Case Number:	CM15-0186025		
Date Assigned:	09/28/2015	Date of Injury:	09/22/2004
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, Michigan
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 60 year old male, who sustained an industrial injury on 9-22-04. The injured worker is being treated for right shoulder sprain-strain; status post left knee arthroscopy, bilateral knee chondromalacia, bilateral knee internal derangement, right knee medial meniscus tear, left trochanteric bursitis, lumbar sprain-strain and lumbar spine discopathy. A urine toxicology screen performed on 8-17-15 was inconsistent with medications prescribed. Treatment to date has included oral medications including Xanax, Ambien, Zoloft, Sentra PM and Chondroitin; topical Bengay cream; transcutaneous electrical nerve stimulation (TENS) unit, median branch nerve block and activity modifications. On 8-17-15, the injured worker complains of constant, sharp sensation to the left knee which is worsening and rated 2-5 out of 10; constant low back pain rated 4-7 out of 10; right shoulder pain rated 2-5 out of 10 and pain in feet with swelling rated 4-6 out of 10. Physical exam performed on 8-17-15 revealed an antalgic, short steeped gait; medial and lateral joint line tenderness of left knee with crepitus and patellar grinding; and lumbar restricted range of motion with tenderness to palpation of paraspinal muscles. The treatment plan included request for Pro-Stim 5.0, 1 Synvisc injection and topical Flurbiprofen 10%-Gabapentin 10%-Capsaicin 0.025%-Camphor 2%-Menthol 2% 180gms.On 9- 11-15 utilization non-certified requests for topical Flurbiprofen 10%-Gabapentin 10%-Capsaicin 0.025%-Camphor 2%-Menthol 2% 180gms, 1 Pro-Stim 5.0 unit, 1 Synvisc one injection and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 10%, Gabapentin 10%, Menthol 2%, Camphor 2% cream 180gm: Upheld

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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also this combination of medications is not supported by the guidelines therefore the request for Capsaicin 0.025%, Flurbiprofen 10%, Gabapentin 10%, Menthol 2%, Camphor 2% cream 180gm is not medically necessary.

Synvisc One Injection for the left knee: 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 & Leg (Acute & Chronic): Hyaluronic acid injections (2015).

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 / hyaluronic acid injections.

Decision rationale: The MTUS did not address the use of synvisc, therefore other guidelines were consulted. Per the ODG, 'recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen) to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Intra-articular injection of hyaluronic acid can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. A review of the injured workers medical records reveal that his knee problems are possibly due to internal derangement as opposed to osteoarthritis, he does not appear to be a candidate for Synvisc at this time, therefore the request for Synvisc One Injection for the left knee is not medically necessary.

One Pro-Stim 5.0 unit: Upheld

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): Transcutaneous electrotherapy.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured worker's medical records did not reveal a one month trial with the appropriate documentation as recommended by the MTUS and without this information, the request is not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Urine drug testing (UDT) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information, the request is not medically necessary.