MAXIMUS Federal Services

Case Number:	CM15-0190943		
Date Assigned:	10/05/2015	Date of Injury:	12/31/2012
Decision Date:	12/08/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: Indiana, Michigan, California
Certification(s)/Specialty: Family Practice

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 49 year old female who experienced a work related injury on December 31, 2012. Diagnoses include knee arthropathy, bilateral knee pain, left knee sprain and strain and knee osteoarthritis. Diagnostics have involved an MRI of the right knee on February 20, 2013 showing osteoarthritis, joint effusion and degenerated medial meniscus and a left knee x-ray on June 3, 2015 with degenerative arthrosis. Treatment has consisted of physical and aquatic therapy, medications, Synvisc and Cortisone injections into the left knee and cane and knee sleeve use. The request is for Aquatic Therapy 8 Visits Left Knee, Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone 2 Percent, Menthol 2 Percent, Camphor 2 Percent, Capsaicin .035 Percent, 180 Grams, [redacted], and Motrin 800 MG #90 with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted]**:** 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: Decision based on MTUS General Approaches 2004, Section(s): Prevention. Decision based on Non-MTUS Citation American Family Physician Office-Based Strategies for the Management of Obesity June 15, 2010 Issue.

Decision rationale: The injured worker suffers from chronic obesity which is exacerbating the work related diagnoses of osteoarthritis and bilateral knee pain. MTUS is somewhat indifferent in regards to weight loss stating that modifications of risk factors such as weight loss may be less certain, more difficult and possibly less cost-effective. In the article Office-Based Strategies for the Management of Obesity commercial weight loss programs appear to be safe and are associated with modest but significant weight loss. As the injured workers obesity is at least aggravating the underlying work related problems of knee pain and osteoarthritis, weight loss would be of great benefit. Therefore, the request for [redacted] is medically necessary and appropriate.

Aquatic Therapy 8 Visits Left Knee: 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), Low Back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The injured worker diagnosis includes bilateral knee pain and knee osteoarthritis which are exacerbated by her underlying obese condition. Aquatic therapy was completed previously due to the limitations of her obese habitus. MTUS Guidelines recommend Aquatic therapy as an optional form of exercise therapy. MTUS states that Aquatic therapy can minimize the effects of gravity and therefore is recommended when reduced weight bearing is desirable as with extreme obesity. Accordingly, the request for Aquatic therapy is medically necessary and appropriate.

Motrin 800 MG #90 with 1 Refill: 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), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Anti-inflammatory medications, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period with moderate to severe pain involving osteoarthritis. Increased efficacy between NSAIDs is without evidence. The main concern with the use of NSAIDs is regarding adverse effects. Individuals with no risk factors and no cardiovascular disease are less likely to be harmed by the use of non-selective NSAIDs such as Ibuprofen. The injured workers NSAID risk is relatively low and the pain associated from the current conditions are significant. Consequently, the request for Ibuprofen 800 mg number 90 with one refill is medically necessary and appropriate.

Flurbiprofen 20 Percent, Baclofen 10 Percent, Dexamethasone 2 Percent, Menthol 2 Percent, Camphor 2 Percent, Capsaicin .035 Percent, 180 Grams: 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: MTUS Guidelines specify that topical analgesics are largely experimental with few controlled trials to determine efficacy or safety and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Baclofen is not recommended. Another concern regarding this topical cocktail is the ingredient Flurbiprofen which is an NSAID. Since topical treatment can result in blood concentrations comparable to that of oral NSAIDs, it is not indicated to use topical NSAIDS with oral NSAIDs. Chart review indicates the injured worker is currently prescribed the oral NSAID Ibuprofen which makes the concurrent use of Flurbiprofen contraindicated. As a result, the request for Flurbiprofen 20 percent, Baclofen 10 percent, Dexamethasone 2 percent, Menthol 2 percent, Camphor 2 percent, Capsaicin .035 percent, 180 grams is not medically necessary and appropriate.