MAXIMUS Federal Services

Case Number:	CM15-0191936		
Date Assigned:	10/06/2015	Date of Injury:	06/09/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 9, 2010. In a utilization review report dated September 1, 2015, the claims administrator failed to approve a request for a knee brace, TENS unit patches, and Naprosyn. The claims administrator referenced an August 25, 2015 RFA form and an associated June 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant was asked to continue usage of a TENS unit and employ a knee brace. The applicant was given a rather proscriptive 20-pound lifting limitation, the treating provider acknowledged. The applicant's employer was unable to accommodate, resulting in the applicant's removal from the workplace. The applicant had undergone earlier knee surgery, it was reported. No seeming discussion of efficacy insofar as the TENS unit was concerned transpired. On August 25, 2015, the applicant reported 5/10 knee and low back pain complaints, with occasional radiation of pain to the left thigh. The applicant's knee pain complaints were constant. The applicant's medications were helpful while the TENS unit was "not helpful," the treating provider reported. Somewhat incongruously, the TENS unit patches were nevertheless refilled and/or dispensed in the clinic. Motrin was refilled. A second NSAID, Naprosyn was also started. The same, unchanged 20-pound lifting limitation was renewed, although the treating provider acknowledged that the applicant's employer was unable to accommodate the same. An electric heating pad was apparently prescribed and/or dispensed on this date. The applicant's gait was not clearly described or characterized. On an RFA form dated July 21, 2015, Tylenol No. 4, laboratory testing, TENS unit patches, and Fenoprofen were

endorsed. On a handwritten note dated June 16, 2015, the applicant reported 5/10 knee pain complaints. Neurontin, Tylenol No. 3, TENS unit patches, and Voltaren Gel were all apparently dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: 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): Activity Alteration.

Decision rationale: No, the request for a knee brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is "usually unnecessary." Rather, the MTUS Guideline in ACOEM Chapter 13, page 340 notes that knee braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, however, multiple progress notes, referenced above, acknowledge that the applicant was in fact off of work. The applicant was, thus, unlikely to be stressing the knee under load by climbing ladders or carrying boxes. Therefore, the request was not medically necessary.

TENS patches: 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: Similarly, the request for TENS unit patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of the TENS unit on purchase basis and, by implication, provision of associated supplies in the form of the patches at issue should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with beneficial effects evident in terms of both pain relief and function. Here, however, it did not appear that the previously provided TENS unit had proven particularly beneficial. Per the applicant's own self-report on an office visit of August 25, 2015, usage of the TENS unit was "not helpful." Ongoing usage of TENS unit failed to curtail the applicant's dependence on a variety of opioid or nonopioid agents to include Tylenol No. 4, Tylenol No. 3, Naprosyn, Fenoprofen, Neurontin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the TENS unit. Therefore, the request for provision of associated patches was not medically necessary.

Naproxen: 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): Introduction.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of the applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider's August 25, 2015 progress note did not clearly state why Naprosyn was being introduced on that date when the applicant was also given a refill of ibuprofen, a second anti-inflammatory medication, on the same date of service. The attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate anti-inflammatory medications, Naprosyn and Motrin on the August 25, 2015 office visit at issue. Therefore, the request was not medically necessary.