

Case Number:	CM15-0197728		
Date Assigned:	10/13/2015	Date of Injury:	05/30/2015
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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

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 38 year old female with a date of injury of May 30, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right thigh contusion, right thigh strain, right knee sprain and strain, right knee contusion, and rule out right knee meniscus tear. Medical records dated July 16, 2015 indicate that the injured worker complained of right knee and right ankle pain rated at a level of 2 to 5 out of 10. A progress note dated September 3, 2015 documented complaints of right leg pain. Per the treating physician (September 3, 2015), the employee has not returned to work. The physical exam dated July 16, 2015 reveals tenderness to palpation over the medial compartment of the right knee, decreased range of motion of the right knee with moderate discomfort, tenderness to palpation over the medial aspect of the right ankle. The progress note dated September 3, 2015 documented a physical examination that showed tenderness to palpation to the lateral right thigh, tenderness to palpation to the anterior and lateral right knee, tenderness to palpation to the right patella, patellar tendon, lateral joint line, lateral femoral condyle, and lateral tibial condyle, positive McMurray's test, and decreased motor strength of the right knee. Treatment has included knee bracing, ankle bracing, and an unknown number of physical therapy sessions, interferential unit, and medications (Tramadol 50mg, Fexmid 7.5mg, and Flurbi cream noted in August of 2015). The original utilization review (September 15, 2015) non-certified a request for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 Grams, twelve sessions of physical therapy for the right knee and right thigh, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Lidocaine 5 Percent, Amitriptyline 5 Percent 180 Grams: Upheld

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

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

Decision rationale: The current request is for FLURBIPROFEN 20%, LIDOCAINE 5%, AMITRIPTYLINE 5% 180 GRAMS. The RFA is dated 09/03/15. Treatment history include icing, medications, knee brace and physical therapy. The patient may return on light duty. MTUS, Topical Analgesics section, page 111 has the following: the FDA for neuropathic pain has designated Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. MTUS further states "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per report 09/03/15, the patient presents with right thigh and knee pain. The pain is rated as 8/10. The physical examination showed tenderness to palpation to the lateral right thigh, tenderness to palpation to the anterior and lateral right knee, tenderness to palpation to the right patella, patellar tendon, lateral joint line, lateral femoral condyle, and lateral tibial condyle. There was a positive McMurray's test, and decreased motor strength of the right knee noted. Treatment plan included physical therapy, medications, IF unit and a UDS. The patient was initially prescribed this topical compound cream on 08/21/15. In this case, although the use of Flurbiprofen may be indicated for the patient's knee pain, MTUS does not support the use of lidocaine in formulations other than a patch. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request IS NOT medically necessary.

PT 3x4 (Right Knee and Right Thigh): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The current request is for TWELVE SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT THIGH AND RIGHT KNEE. The RFA is dated 09/03/15.

Treatment history includes icing, medications, knee brace and physical therapy. The patient may return on light duty. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/03/15, the patient presents with right thigh and knee pain. The pain is rated as 8/10. The physical examination showed tenderness to palpation to the lateral right thigh, tenderness to palpation to the anterior and lateral right knee, tenderness to palpation to the right patella, patellar tendon, lateral joint line, lateral femoral condyle, and lateral tibial condyle. There was a positive McMurray's test, and decreased motor strength of the right knee noted. Treatment plan included physical therapy, medications, IF unit and a UDS. Review of the medical file indicates that physical therapy was initiated on 06/03/15. Another course of PT was recommended on report 08/21/15, and again on 09/03/15. The number of completed PT sessions, and the patient's objective response to therapy were not provided. In this case, MTUS allows up to 10 sessions for complaints of this nature. The current request for 12 sessions exceeds what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The current request is for URINE TOXICOLOGY SCREEN. The RFA is dated 09/03/15. Treatment history include icing, medications, knee brace and physical therapy. The patient may return on light duty. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, CRITERIA FOR USE OF OPIOIDS Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per report 09/03/15, the patient presents with right thigh and knee pain. The pain is rated as 8/10. The physical examination showed tenderness to palpation to the lateral right thigh, tenderness to palpation to the anterior and lateral right knee, tenderness to palpation to the right patella, patellar tendon, lateral joint line, lateral femoral condyle, and lateral tibial condyle. There was a positive McMurray's test, and decreased motor strength of the right knee noted. Treatment plan included physical therapy, medications, IF unit and a UDS. This patient has a date of injury of

05/30/15 and there is no indication of a prior UDS. The patient is prescribed Tramadol for pain control, and a UDS for opiate management is supported by guidelines. ODG does support once yearly screening for low risk patients. Given that there is no indication of a prior UDS, the request appears reasonable. Therefore, this request IS medically necessary.