

Case Number:	CM15-0206290		
Date Assigned:	10/23/2015	Date of Injury:	01/15/2008
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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 57 year old male who sustained an industrial injury on 01-15-2008. Medical records indicated the worker was treated for injury to the ears, respiratory system, digestive system, psyche, back, knees, legs, shoulders and bilateral upper extremities. The worker is status post right total knee arthroplasty (06-26-2013) and post op physical therapy. In the provider notes of 09-14-2015, the injured worker complains of pain in the low back and bilateral knees. He is having a severe flare up of pain in his back and knees. He rates his back pain at a 9 on a scale of 0-10, and his knee pain at a 7-8 on a scale of 0-10. He also complains of pain in his left knee with aching and clicking. He rates the left knee pain at 5-6 on a scale of 0-10. He also is having difficulties with bladder issues. On examination, the worker has an abnormal heel and toe walk. Palpation of the paraspinal musculature of the lumbar region elicits tenderness. Midline tenderness was noted in the lumbar spine. Range of motion of the lumbar spine was significantly decreased in all planes and there was spasm on the lumbar range of motion. Pinwheel testing shows decreased sensation at L3-4, L4-5, and L5-S1 distribution bilaterally. Motor exam is diminished in the quadriceps, plantar flexor and toe extensor. Deep tendon reflexes are diminished in the knees and ankles and clonus is negative. Bilateral sacroiliac tenderness is noted on compression. Sciatic nerve compression is positive bilaterally and straight leg raise test is positive at 50-60 degrees bilaterally in the supine and seated positions. The knees have abnormal patellar tracking with patellar grind. Tenderness is present over the medial and lateral aspects of the knees. Surgical scarring is present on the right knee with mild effusion. Extension of the knees is normal bilaterally, and flexion is diminished. The

plan of care includes a request for Orthovisc to the left knee, an updated MRI of the lumbar spine (already scheduled), a lower extremity Electromyogram-Nerve Conduction Velocity study, transdermal Flurbiprofen pain cream, Naproxen, and Prilosec. Acupuncture is also requested. A request for authorization was submitted for: 1. Flurbiprofen cream; 2. Prilosec 20mg #60 with 3 refills; 3. 8 acupuncture treatments to the knees. A utilization review decision 10-15-2015 non-certified: Flurbiprofen cream; Prilosec 20mg #60 with 3 refills; 8 acupuncture treatments to the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The request for Flurbiprofen cream is determined to not be medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20mg #60 with 3 refills is determined to not be medically necessary.

8 acupuncture treatments to the knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the requested 8 sessions of acupuncture exceed the recommendations of the guidelines. A trial of 3 to 6 sessions is recommended in order to determine efficacy. The request for 8 acupuncture treatments to the knees is determined to not be medically necessary.