MAXIMUS Federal Services

Case Number:	CM15-0024893		
Date Assigned:	02/17/2015	Date of Injury:	11/02/2011
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: Florida
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 50 year old male who sustained an industrial related injury on 11/2/11. The injured worker had complaints of left knee pain. Physical examination findings included left knee mild swelling. Anterior Drawer's test, valgus stress test, varus stress test, McMurray's test, and patellar grind tests were negative bilaterally. The diagnosis was internal derangement of the left knee. Treatment included a left knee steroid injection, arthroscopy of the left knee, and physical therapy. The treating physician requested authorization for a work hardening/conditioning program 10 visits of the left knee, Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10% 180mg with 21 refills, and Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 5% 180mg with 2 refills. On 1/23/15 the requests were non-certified. Regarding the work hardening/conditioning program, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the treatments are not interchangeable. Work hardening means one thing and work conditioning is another. Therefore the request was non-certified. Regarding the compounded medications, the UR physician cited the MTUS guidelines and noted Baclofen and Gabapentin are not recommended for use in topical form. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning program 10 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Work conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditoning, work hardening Page(s): 159, 172, 125-127.

Decision rationale: MTUS Criteria for admission to a Work Hardening Program:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.ODG Physical Medicine Guidelines, Work Conditioning10 visits over 8 weeksSee also Physical medicine for general guidelines.And, as with all physical medicine programs, Work Conditioning participation do not preclude concurrently being at work.Above are the criteria set forth by California MTUS guidelines for participation in either a wok hardening or a work conditioning program. As is evident above, admission to a work hardening program has more MTUS requirements. The requesting physician needs to specify which of the two types of programs he/she would like the patient admitted to. This request was phrased as 10 admissions to a work hardening/conditioning program. As utilization review pointed out, these two terms are not interchangeable in the guidelines. This request can not be considered medically appropriate until further information has been provided by the requesting physician.

Lidocaine 6%, Gabapntin 10%, Ketoprofen 10% 180gm and 21 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, topical compound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113. Page(s): Topical Analgesics, pages 111-113..

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains topical Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, this requested medication is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% 180gm and 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, topical compound.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113. Page(s): Topical Analgesics, pages 111-113..

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains an NSAID medication, Flurbiprofen. MTUS guidelines specifically state regarding topical "Non-steroidal antinflammatory 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." The requested medication also contains topical Baclofen and Cyclobenzaprine, which are also noted recommended in topical form by MTUS guidelines. Likewise, the requested medication is not considered medically necessary.