

Case Number:	CM15-0028097		
Date Assigned:	02/20/2015	Date of Injury:	08/12/2014
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/13/2015

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: Orthopedic Surgery, Sports 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 44-year-old male who reported an injury on 08/12/2014. The mechanism of injury reportedly occurred while standing by the receiving area; he was struck by a manual pallet jack on the back of his left knee. He did not fall to the floor. Diagnoses include rule out left meniscus tear, knee sprain/strain, knee chondromalacia patella, and left knee internal derangement. Medications included tramadol ER 50 mg for pain, and topical analgesic creams for inflammation. On 01/21/2015, the injured worker was seen for pain in his left knee that traveled to his left lower extremity. He rates the pain a 6/10 to 7/10. He also complained of numbness. The injured worker also complained of instability in the left knee with prolonged standing, walking, or stair climbing. The injured worker finished 6 sessions of physical therapy without long term significant relief. The injured worker had tried oral NSAIDs without adequate relief of pain and swelling. The injured worker continued to do strengthening exercises without major long term improvement. The pain described as a 6/10 to 7/10 was without medication. The injured worker finds Ultram helpful. The injured worker was to begin a new course of medication; the injured worker slept 5 hours a night. The injured worker now reports sleeping 7 to 8 hours per night. The injured worker ambulates favoring the left. The injured worker has no loss of sensibility, abnormal sensation, or pain in the medial hip and anterior upper thigh on the right corresponding to the L1 through L5 dermatomes, and S1 dermatome, and S2 dermatome. There was active movement against gravity with full resistance of the hip flexors on the right corresponding to the L2 myotome. On the right and left L1 through S2. On examination of the knee, there was nonspecific tenderness of the left knee. The grinding test, McMurray's test with

interior rotation and exterior rotation are positive on the left knee. There is decreased range of motion with extension, internal rotation, and external rotation. The treatment plan included physical therapy consultation 2 times a week for 3 weeks to address left knee; to focus on reducing current pain levels while increasing strength, range of motion, and functional capacities. Surgery to address diagnostic arthroscopy left knee. The injured worker continued the following course of medication: Ultram ER for pain 50 mg, and topical analgesic creams for inflammation. The cortisone injection received on 12/10/2014 provided transient relief for approximately 10 days. The injured worker has failed conservative treatment options such as physical therapy, home exercise program, NSAIDs, analgesics, cortisone injections, and activity modifications. The Request for Authorization is dated on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med x1 Tramadol 50mg for pain relief #90 x4 refills Rx dated 10.24.14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Med x1 Tramadol 50mg for pain relief #90 x4 refills Rx dated 10.24.14 is not supported. The California MTUS Guidelines recommend ongoing use of opioid medications to be justified by documentation of objective pain relief, and objective improvement in function, as well as comments regarding side effects and aberrant behavior. There is a lack of documentation to indicate objective improvement with the use of tramadol, nor is there any documentation regarding specific increased ability in function, and side effects for potential aberrant behavior. There is a lack of documentation of a signed opioid agreement or urine toxicology screening for compliance. Weaning is recommended for opioid use medications. As such, the request is not medically necessary.

Meds x1 Topical Analgesic Cream including Flurbiprofen 15%, Cyclobenzaprine 10%, 120ml, refill x1 Rx dated 10.24.15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Meds x1 Topical Analgesic Cream including Flurbiprofen 15%, Cyclobenzaprine 10%, 120ml, refill x1 Rx dated 10.24.15 is not supported. Flurbiprofen is an NSAID, and cyclobenzaprine is a muscle relaxant. The California MTUS Guidelines state any topical analgesic that contains 1 or more drug class that is not recommended is not recommended. Cyclobenzaprine is not recommended. NSAIDs are used for short term duration

and effectiveness usually wears off after the initial first 2 to 4 weeks. As such, the request is not medically necessary.

Meds x1 Topical Analgesic Cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 120ml, refill x1 Rx dated 10.24.15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Meds x1 Topical Analgesic Cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 120ml, refill x1 Rx dated 10.24.15 is not supported. The California MTUS Guidelines state any topical compound that contains 1 or more drug class that is not recommended is not recommended. Flurbiprofen is an NSAID and they are recommended for short term use. Cyclobenzaprine is a muscle relaxant which is not recommended. Baclofen is a muscle relaxant which is not recommended. Lidocaine is an analgesic agent and is not recommended in the form of compound creams. There is no known efficacy of any other topical agent including cyclobenzaprine and baclofen. It is unclear why these medications are being prescribed in oral or topical form without indication of muscle spasms or flare-ups of pain in the injured worker. As such, the request is not medically necessary.

Physical Therapy Evaluation, 2 times a week for 4 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical medicine treatment.

Decision rationale: The request for physical therapy evaluation, 2 times a week for 4 weeks left knee is not supported. The California MTUS Guidelines recommend up to 10 sessions of physical therapy for the injured worker's condition. The injured worker had received 6 sessions of physical therapy, and it was noted that they were of no benefit, and the injured worker is currently doing strengthening on his own. Considering there was a lack of progress after 6 sessions of prior physical therapy, it is unlikely that there would be any benefit to additional formal physical therapy. As such, the request is not medically necessary.

Lt Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Knee & Leg, Arthroscopic surgery for osteoarthritis.

Decision rationale: The request for Lt Knee Arthroscopy is not supported. The California MTUS/ACOEM Guidelines state arthroscopy is considered after limitation for more than 1 month and failure of exercise program to increase range of motion and strengthen musculature around the knee. It is unclear why there is a request for a diagnostic left knee arthroscopy. There is no objective report included of a previous left knee MRI to support a surgical procedure. While the physical exam of the injured worker suggests a medial meniscus tear, there is no objective evidence to support this. As such, the request is not medically necessary.