

Case Number:	CM15-0033868		
Date Assigned:	02/27/2015	Date of Injury:	08/21/2013
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 39 year old female, who sustained an industrial injury on August 21, 2013. She has reported cervical spine, bilateral knee and left foot pain. The diagnoses have included status post right knee arthroscopy with residuals, irregular defect of the medial meniscus, posterior horn, slight displacement of the meniscal tissue at the level of the body of the meniscus to just a recurrent tear possibly and mild patellofemoral chondromalacia. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, conservative therapies, pain medications and work restrictions. Currently, the IW complains of cervical spine, bilateral knee and left foot pain. The injured worker reported an industrial injury in 2013, resulting in chronic neck, knee and left foot pain. She was treated with surgical and conservative therapies without resolution of the pain. Evaluation on November 7, 2014, revealed continued pain. Medications were renewed and physical therapy was ordered. Evaluation on February 6, 2015, revealed continued pain. A compound pain cream was requested and she was treated with cortisone injections. An internal medicine consultation was requested to determine the cause and treatment of gastrointestinal upset. The impression was gastrointestinal upset secondary to pain medication use. On February 2, 2015, Utilization Review non-certified a request for an internal medicine consultation and flurbiprofen/lidocaine cream, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of requested internal medicine consultation and flurbiprofen/lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: This patient presents with right knee, neck, and left foot pain. The request is for Internal medicine consultation on 01/16/15. The patient is not currently working per 01/09/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 states "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Based on the 01/09/15 report, the patient complains of cold sensation from the knee down and constant itchiness over the right lower extremity. The treater noted that the request is "regarding the right lower extremity to rule out circulatory issues." It would appear that the current treater feels uncomfortable with the medical issues. ACOEM guidelines support referral to a specialist to aid in complex issues. Labor Cod 9792.6 defines utilization review standards by stating that its review does not include determinations of the work-relatedness of injury or disease. The request IS medically necessary.

Flurbiprofen/Lidocaine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non steroidal anti inflammatory drugs.

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

Decision rationale: This patient presents with right knee, neck, and left foot pain. The request is for Flurbiprofen/Lidocaine cream (20%/5%) 180gm on 01/16/15. The patient is not currently working per 01/09/15 report. According to MTUS guidelines, page 111, topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short term use (4-12 weeks). Also, MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per the 01/09/15 report, the current medication Tylenol #3 helps to reduce pain level 7/10 to 3/10 but the treater noted that "the patient has slight gastrointestinal upset secondary to NSAID use. I feel that she would benefit from the topical

with an anti-inflammatory." However, in this case the patient does not present with peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated for. Furthermore, Lidocaine is only recommended in patch formulation and not as a topical lotion or cream, and only indicated for "neuropathic pain that is peripheral or localized." The request IS NOT medically necessary.