

Case Number:	CM15-0040571		
Date Assigned:	03/10/2015	Date of Injury:	11/24/2014
Decision Date:	04/23/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 62-year-old male, who sustained an industrial injury on 11/24/2014. Initial complaints reported included right knee pain/injury. The injured worker was diagnosed as having right knee pain, right meniscal tear and investigation of symptomatic right knee osteoarthritis. Treatment to date has included conservative care, medications, physical therapy, and x-rays and MRI (11/17/2014) of the right knee. Currently, the injured worker complains of ongoing right knee pain. Current diagnoses include right knee pain, right oblique tear of the posterior horn and body of the medial meniscus of the right knee. The treatment plan consisted of physical therapy, acupuncture, transdermal creams, and injections to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Creams: Flurlido-A Cream (Flurbiprofen 20% Lidocaine 5%/ Amitriptyline 5%) Qty 240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, methyl salicylate, and capsaicin. There is no known efficacy of any other topical agents. There may be the potential benefit with the usage of flurbiprofen for the injured employee's knee pain however there were no complaints or documentation of neuropathic symptoms that might potentially benefit from lidocaine. Additionally, there is no evidence of any benefit of the usage of topical Amitriptyline Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for flurbiprofen/lidocaine/amitriptyline is not medically necessary. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually.

Hyalgans (Viscosupplementation) injections to Right Knee, Qty5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, hyaluronic acid injections.

Decision rationale: The Official Disability Guidelines indicates that the criteria for the use of hyaluronic acid injections includes documentation of symptomatic severe osteoarthritis of the knee and failure to improve with steroid injections. The attach medical record does not indicate that the injured employee has made prior treatment with steroid injections and an MRI of the knee reveals moderate cartilage thinning. Considering the lack of evidence of severe osteoarthritis or improvement with steroid injections, this request is not medically necessary.