

Case Number:	CM15-0046265		
Date Assigned:	03/18/2015	Date of Injury:	07/22/2011
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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, Public Health & General Preventive 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 56-year-old female who reported an injury on 07/22/2011. The mechanism of injury was reported as the injured worker tripped over sheets. Her diagnoses were noted as right knee pain, right knee joint degenerative disease, and rule out internal derangement right knee. During the assessment on 02/05/2015, the injured worker complained of persistent low back pain and right knee pain. She reported that her low back pain radiated to the right hip and sometimes to the right thigh. She reported persistent right knee pain, which was worse compared to the low back. She reported her pain a 5/10. The physical examination of the lumbar spine revealed lumbar paraspinal muscles and stiffness. There was tenderness noted in the lumbar facet joints and right posterosuperior iliac spine. The physical examination of the knee revealed tenderness in the right knee joint line associated with swelling on the medial aspect of the right knee anteriorly. The right knee flexion was limited to 90 degrees. The strength was 4/5 in the right knee flexion and extension. The treatment plan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 to 8 sessions of Physical Therapy 2 times a week for 4 weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 6 to 8 sessions of physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. There was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due the lack of pertinent information and requested number of visits, the request is not medically necessary.

6 to 8 sessions of Physical Therapy for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 6 to 8 sessions of physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. There was a lack of documentation indicating whether the injured worker had physical therapy previously with documentation including the number of sessions completed and evidence of significant objective functional improvement with any prior physical therapy. Due the lack of pertinent information and requested number of visits, the request is not medically necessary.

Gabapentin capsule 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 17, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The request for gabapentin capsule 100 mg is not medically necessary. The California MTUS Guidelines recommend anti-epilepsy medication as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation did not indicate that the injured worker complained of neuropathic pain. There was no documentation of an objective decrease in pain of at least 30% to 50% or objective functional improvement with the use of the medication. Additionally, the frequency was not provided. Given the above, the request is not medically necessary.

Flector DIS 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 17, 111-113.

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

Decision rationale: The request for Flector DIS 1.3% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended. The requested Flector patch is not recommended as a first line treatment, but is recommended as an option for patients at risk for adverse effects from oral NSAIDs. However, there was no indication that the injured worker had any adverse effects from oral NSAIDs. There was no documentation regarding a failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical patch versus oral medication. Additionally, the frequency and application site for the proposed medication were not provided. Given the above, this request is not medically necessary.