

Case Number:	CM15-0054891		
Date Assigned:	03/30/2015	Date of Injury:	10/02/2008
Decision Date:	05/15/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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 42-year-old female who reported an injury on 10/02/2008. The mechanism of injury was not specifically stated. The current diagnoses include internal derangement of the right knee, status post total knee replacement on the right, status post manipulation under anesthesia of the right knee, and discogenic lumbar condition with facet inflammation. The injured worker presented on 03/10/2015 for a followup evaluation. It was noted that the injured worker was status post manipulation under anesthesia, and had begun physical therapy. The injured worker also utilized a CPM machine at home. Upon examination, there was a lack of 20 degrees of extension. Flexion was noted at 100 degrees. Treatment recommendations included a refill of Norco, oxycodone, Soma, Nalfon, Neurontin, Wellbutrin, tramadol ER, Norflex, and LidoPro cream. A 10 panel urine drug screen was postponed until the following visit. The injured worker was instructed to continue with physical therapy. A TENS unit with garment was also recommended. A Request for Authorization form was submitted on 03/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary at this time.

12 Physical therapy sessions, 1x12 weeks, for the lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 25.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker has completed a previous course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Additional treatment would not be supported. Furthermore, there was no documentation of a comprehensive physical examination of the lumbar spine to support the necessity for skilled physical medicine treatment. Given the above, the request is not medically necessary.

Lidopro Cream x1 bottle: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Terocin Cream Relief Lotion 4 ounces #1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the request. Given the above, the request is not medically necessary.