

Case Number:	CM15-0061054		
Date Assigned:	04/07/2015	Date of Injury:	08/18/2009
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/31/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This 64 year old male sustained an industrial injury to the low back and bilateral knees on 8/18/09. Previous treatment included magnetic resonance imaging, electromyography, left knee meniscectomy and chondroplasty, right knee meniscectomy, left knee total knee replacement, physical therapy, epidural steroid injections and medications. In a PR-2 dated 2/20/15, the injured worker complained of persistent, worsening low back pain rated 5/10 on the visual analog scale, bilateral knee pain rated 3-5/10 and bilateral hip pain 5/10. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with decreased range of motion and decreased strength and sensation at the left L4 distribution, left hip with tenderness to palpation at the left iliac crest with positive Patrick's sign and decreased range of motion and bilateral knees with tenderness to palpation over the medial and lateral joint lines and decreased range of motion. The physician noted that the injured worker's right knee range of motion was worsening with positive patellofemoral grind. Current diagnoses included lumbar disc herniation, bilateral hip pain and numbness, bilateral knee osteoarthritis status post left total knee replacement, hearing loss, anxiety and depression secondary to multiple orthopedic complaints and inability to work. The treatment plan included a series of five Supartz injections to the right knee, a Platelet-rich Plasma injection to the right knee, a prescription for Trixaicin HP, stopping Norco, a psychology consultation and continuing Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trixaicin HP Topical Analgesic cream 0.075%, 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-29.

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

Decision rationale: Trixaicin is the topical analgesic capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case there is no documentation that treatment with other therapies has failed. Capsaicin is not indicated. The request is not medically necessary.

Platelet-rich Plasma injection to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Platelet-rich Plasma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Platelet-rich plasma (PRP).

Decision rationale: Platelet-rich plasma (PRP) are under study. Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated. The healing process in both muscle and tendon injuries starts with an inflammatory/destruction phase, followed by a repair/proliferation phase and then by a remodeling phase. This process is affected by various factors, such as growth factors, immune cells, and numerous chemomodulators, many of which are found in PRP. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. In this case documentation supports the diagnosis of osteoarthritis of the right knee. The lack of evidence does not allow determination of efficacy or safety. The request is not medically necessary.