

Case Number:	CM15-0066129		
Date Assigned:	04/13/2015	Date of Injury:	06/16/2010
Decision Date:	07/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 16, 2010. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for knee x-ray imaging, Mobic, and several topical compounded medications. The claims administrator referenced a progress note of January 8, 2015 in its determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of knee pain, 7-9/10. Tenderness about the knee was appreciated. Twelve sessions of physical therapy, Mobic, and several topical medications were endorsed. Ancillary complaints of neck pain, low back pain, depression, and weight gain were also reported. The applicant was returned to regular duty work (on paper), although it was not clearly stated whether the applicant was or was not working. X-rays of the knee were ordered. It was suggested that the applicant had undergone an earlier total knee arthroplasty procedure and subsequent manipulation under anesthesia surgery. In a January 8, 2015 Doctor's First Report (DFR), it was suggested that the applicant had not improved over time. Multifocal complaints of neck, knee, and back pain with derivative complaints of weight gain and depression were reported. A Functional Capacity Evaluation (FCE) was sought. Somewhat incongruously, the applicant was returned to regular work, it was stated in one section of the note. Toward the top of the report, however, it was acknowledged that the applicant had been on disability at various points in time. X-rays of the right knee were sought. It was not clearly stated what was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: Yes, the request for x-ray imaging of the right knee was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 13, page 341 notes that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation, here, however, the applicant had longstanding, seemingly worsening knee pain complaints status post earlier failed total knee arthroplasty surgery. Obtaining plain film imaging of the knee to determine the integrity of the prosthesis was, thus, indicated. Therefore, the request was medically necessary.

Mobic (Meloxicam) 15mg #30 take 1 tablet by mouth daily as needed for pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic) Page(s): 61.

Decision rationale: Conversely, the request for Mobic (meloxicam), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that meloxicam or Mobic is indicated in the treatment of osteoarthritis, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, a progress note of February 12, 2015 suggested that the applicant's knee pain complaints were worsening over time. Knee complaints of 7-9/10 range were reported on that date. It did not appear, in short, that ongoing usage of meloxicam had in fact proven effective here. Therefore, the request was not medically necessary.

Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180gm, 2-3xday: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for a gabacyclotram topical compound was likewise not medically necessary, medically appropriate, or indicated here. The primary ingredient in the compound, gabapentin, is not recommended for topical compound formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbi(NAP) CreamLA, (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm, 2-3xday: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Pain Mechanisms Page(s): 111-112; 3.

Decision rationale: Finally, the request for a flurbiprofen-lidocaine-amitriptyline topical compound was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine containing compound in question. It was further noted that the applicant's pain complaints were largely a result of the mechanical knee pain/knee arthritis status post earlier failed knee arthroplasty surgery. Knee arthritis is not classically a condition associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, lacerating, and/or burning sensations. Since the lidocaine component of the amalgam is not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.