

Case Number:	CM15-0089931		
Date Assigned:	05/14/2015	Date of Injury:	01/12/1997
Decision Date:	07/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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 73-year-old female, who sustained an industrial injury on 1/12/97. She reported neck, low back, bilateral shoulder and bilateral knee injury. The injured worker was diagnosed as having bilateral knee osteoarthritis, bilateral meniscal tears, right shoulder impingement and rotator cuff tear, bilateral meniscal tears, bilateral knee chondromalacia patellae, worsening bilateral knee tendinopathy, severe bilateral knee degenerative arthrosis, cervical spine discopathy, lumbar spine discopathy and right shoulder impingement. Treatment to date has included oral medications, knee injection, right rotator cuff repair and a cane for ambulation. Currently, the injured worker complains of right swelling, clicking and popping and nearly gave way. Physical exam noted slightly antalgic gait, patellar grind maneuver is positive, hamstring tenderness, tenderness over the medial and lateral aspects and mild effusion is noted. Request for authorization was submitted for Voltaren, acupuncture and Gabapentin/Amitriptyline/Bupivacaine/Hyaluronic acid cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for neither this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The 8 Acupuncture Visits (right knee) is not medically necessary and appropriate.

60 tablets Voltaren XR 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The 60 tablets Voltaren XR 100 mg is not medically necessary and appropriate.

Gabapentin 240 gm, 10%, Amitriptyline, 10% Bupivacaine, 5% Hyaluronic acid and 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint

pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of these anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 240 gm, 10%, Amitriptyline, 10% Bupivacaine, 5% Hyaluronic acid and 0.2% in cream base is not medically necessary and appropriate.