

Case Number:	CM14-0144616		
Date Assigned:	09/12/2014	Date of Injury:	03/10/2005
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 46-year-old male with a 3/10/05 date of injury. At the time (8/12/14) of the Decision for Standing x-ray of the bilateral knees, Voltaren 100mg #30, and LidoPro cream, there is documentation of subjective (low back pain) and objective (tenderness over the lumbar paraspinal muscles with spasm) findings, current diagnoses (lumbar degenerative disc disease, lumbosacral/joint ligament sprain/strain, and sacroiliac strain), and treatment to date (medications (including ongoing treatment with Voltaren since at least 3/27/14). Regarding x-ray of the knees, there is no documentation of suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees. Regarding Voltaren, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Standing x-ray of the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The ACOEM Guidelines identifies documentation of failure of conservative care; suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees, as criteria necessary to support the medical necessity of knee radiographs. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral/joint ligament sprain/strain, and sacroiliac strain. In addition, there is documentation of failure of conservative care (medications). However, there is no documentation of suspected fracture; joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (four steps) or bear weight immediately or within a week of the trauma; and/or inability to flex knee to 90 degrees. Therefore, the request is not medically necessary and appropriate.

Voltaren 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical records provided for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral/joint ligament sprain/strain, and sacroiliac strain. In addition, there is documentation of chronic low back pain and ongoing treatment with Voltaren. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date. Therefore, the request is not medically necessary and appropriate.

LidoPro cream: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral/joint ligament sprain/strain, and sacroiliac strain. However, LidoPro cream contains at least one component (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro cream is not medically necessary.