

Case Number:	CM14-0163269		
Date Assigned:	10/08/2014	Date of Injury:	03/12/2013
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 44-year-old female who reported an injury due to a fall while pushing a crate on 03/12/2013. On 06/03/2014, her diagnoses included status post left knee patella comminuted fracture, right knee strain, left and right ankle strains, lumbar stenosis, degenerative discogenic disease, left leg radiculopathy, and left knee medial meniscus tear. It was further reported that she suffered from anxiety and depression. Her complaints included left knee, low back, and left ankle pain. She had completed 12 sessions of physical therapy between 03/07/2014 and 04/12/2014. Her medications included Anaprox, Prilosec, Colace and Ativan, of unspecified dosages, plus keto cream and capsaicin cream. It was noted that the prognosis for her left knee was poor because she might have been developing a component of causalgia. The rationale for the requested Dynasplint was that she still required it for her left knee and continued to use it daily. There was no other rationale noted in this worker's chart. A Request for Authorization for the physical therapy, the keto cream, and the Dynasplint dated 06/03/2014 was included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg: 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 Opioids Page(s): 77-78.

Decision rationale: The request for Colace 100 mg is not medically necessary. The California MTUS Guidelines recommend that ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient. Prophylactic treatment of constipation should be initiated. Long term users of opioids, for 6 months or more, should have documentation of adverse effects, including constipation. There was no documentation submitted of this worker having constipation or difficulties with elimination. Additionally, the request did not include frequency of administration. Therefore, this request for Colace 100 mg is not medically necessary.

Ativan 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Ativan 1 mg is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance develops in weeks to months. It was noted that this worker had been taking Ativan since 04/15/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency specified in the request. Therefore, this request for Ativan 1 mg is not medically necessary.

Additional physical therapy, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Physical Medicine

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

Decision rationale: The request for additional physical therapy, left knee, is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. It was documented that this worker had already completed 12 sessions of physical therapy. The request did not include a number of sessions or a time frame. Therefore, this request for additional physical therapy, left knee, is not medically necessary.

Keto cream, unspecified dosage and unquantity: Upheld

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

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

Decision rationale: The request for Keto cream, unspecified dosage and "unquantity" is not medically necessary. The California MTUS Guidelines refers to topical analgesics as largely experimental, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain, including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. The only FDA-approved NSAID for topical application is Voltaren gel 1% (diclofenac). Ketoprofen is not currently FDA approved for topical application. It has an extremely high incidence of photocontact dermatitis. The guidelines do not support the use of this cream. Additionally, there was no dosage or quantity specified. Furthermore, there was no frequency of application included in the request. Therefore, this request for keto cream, unspecified dosage and "unquantity" is not medically necessary.

Left ankle splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: The request for left ankle splint is not medically necessary. The CA MTUS/ACOEM Guidelines note that a brace is not recommended for all subacute and chronic ankle and foot disorders. Prolonged supports or bracing without exercise is not recommended due to risk of debilitation. Additionally, the request did not specify whether this was to be a custom made or prefabricated orthotic. Additionally, a size of the requested splint was not specified nor was a frequency of use included in the request. Therefore, this request for a left ankle splint is not medically necessary.

Dynasplint, extension of rental, unspecified duration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The request for a Dynasplint extension of rental, unspecified duration, is not medically necessary. The CA MTUS/ACOEM Guidelines recommend that a knee brace may be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually, a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. This injured worker did not have any of the above noted diagnoses. There was no indication that she would be putting her joints under load. Additionally, a body part was not identified for the use of this brace. The guidelines do not support the use of this splint. Therefore, this request for Dynasplint extension of rental, unspecified duration, is not medically necessary.