

Case Number:	CM14-0173127		
Date Assigned:	10/23/2014	Date of Injury:	03/20/2011
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; an electrical stimulator; and multiple prior knee surgeries. In a utilization review report dated October 9, 2014, the claims administrator denied a Supartz (viscosupplementation) injection and denied several topical compounded medications. The claims administrator suggested that the applicant did not have knee arthritis for which the viscosupplementation injections would be indicated. The applicant's attorney subsequently appealed. In a progress note dated September 19, 2014, the applicant reported ongoing complaints of knee pain with associated difficulty negotiating stairs and/or walking on uneven surfaces. The applicant was obese, weighing 259 pounds. Tenderness about the right knee was appreciated. The attending provider stated that the applicant's earlier viscosupplementation injections were helpful. Topical compounded medications were renewed. The applicant was asked to continue home exercises and continue working without restrictions. The applicant was also asked to employ an electrical stimulator for the knee. The attending provider contented that the applicant had used the electrical stimulator/TENS unit on a trial rental basis and had, furthermore, stated that the earlier trial had proven successful in diminishing medication consumption and facilitating home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 x Supartz Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM V.3 Knee Specific Diagnoses Knee Pain and Osteoarthritis Injections

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that viscosupplementation (Supartz) injections are indicated in the treatment of moderate to severe knee arthritis. In this case, the applicant, per the treating provider, has posttraumatic knee arthritis status post three prior knee surgeries, and is, moreover, 65 years old. The applicant, moreover, is obese, weighing 259 pounds. Advanced arthritis as suggested is likely here. The applicant, contrary to what was suggested by the claims administrator, has demonstrated functional improvement with earlier treatment as evinced by his successful return to and/or maintenance of regular-duty work status as a firefighter. Pursuing a repeat viscosupplementation (Supartz) injection is indicated, for all the stated reasons. Therefore, the request is medically necessary.

Topical Creams - Flurbiprofen 20% 120gm - Ketoprofen 20% / Ketamine 10% 120gm - Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120gm.: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, one of the ingredients in the compound at issue, is not recommended for topical compound formulation purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that neither gabapentin nor cyclobenzaprine, muscle relaxant, is recommended for topical compound formulation purposes. Since multiple ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

1 x Electrical Stimulation Unit and supplies.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Topic Page(s): 116.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, one of the ingredients in the compound at issue, is not recommended for topical compound formulation purposes. Similarly, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that neither gabapentin nor cyclobenzaprine, muscle relaxant, is recommended for topical compound formulation purposes. Since multiple ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.