

Case Number:	CM14-0181163		
Date Assigned:	11/05/2014	Date of Injury:	03/07/2007
Decision Date:	12/09/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 51-year-old male who reported an injury on 03/07/2007 due to an unspecified mechanism of injury. The diagnosis included chronic left knee pain, chronic patellar tendonitis, degenerative of the knee, re-tear of the meniscus, and mucoid degenerative ACL. The MRI of the left knee dated 09/05/2014 revealed stable postoperative changes of the anterior cruciate ligament repair with mucoid degeneration and a portable partial thickness tear. Postoperative changes for partial meniscectomy bilaterally. A recurrent/residual tear cannot be excluded without the MR arthrogram if clinically warranted. Chronic sprain/sprain/partial thickness tear posterior cruciate ligament without significant change and tricompartmental osteoarthritis with areas of near full thickness chondrosis in both of the medial and lateral compartments of the knee. Small size joint effusion. And mild patellar tendonitis proximally with adjacent mild infrapatellar bursitis. Prior treatments included medication. The objective findings dated 10/13/2014 revealed range of motion with flexion was 0 to 115 degrees and with mild effusion present. Tenderness over the tibial femoral joint line with laxity. Neurologic examination of the lower extremity was within normal limits. However, patient does have antalgic gait. The treatment plan included an injection to the left knee. The request for authorization dated 11/06/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg at bedtime as needed QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Baclofen) Chronic Pain Page(s): 63.

Decision rationale: The California MTUS recommends non-sedating muscle relaxants with caution as a secondary option for short term treatment of acute exacerbations in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The clinical notes indicate that the injured worker was taking the baclofen on 09/08/2014. The guidelines indicate that baclofen should be used for short term treatment. The request was for a refill of 90 tablets, which exceeds the recommended short term treatment of acute exacerbations as an as needed medication. As such, the request is not medically necessary.

Diclofen Cream 5% apply twice a day QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized trials. Recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. CA MTUS indicates that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The guidelines do not recommend topical analgesics and any compounded product that contains at least 1 drug that is not recommended is not recommended. Capsaicin is not recommended by the California MTUS. The documentation did not indicate that the injured worker had a trial of antidepressants or anticonvulsants that failed. As such, the request is not medically necessary.

Zeel & Traumeel Injections Left Knee QTY: 3.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Foods Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: The Official Disability Guidelines do not address Zeel and Traumeel injections specifically. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. FDA defines a medical food as "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. Zeel Solution information obtained from drugs.com indicates that ZEEL Injection Solution is a combination formulation consisting of 5 botanical substances, 5 mineral substances, and 4 animal derived substances. ZEEL Injection Solution is officially classified as a homeopathic combination. As such, the request is not medically necessary.