

Case Number:	CM15-0111872		
Date Assigned:	06/22/2015	Date of Injury:	11/15/2001
Decision Date:	09/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 63 year old female, who sustained an industrial injury on 11/15/2001. She reported cumulative traumatic injuries including an automobile accident that resulted in injury to the neck, low back and bilateral lower extremities. Diagnoses include right knee arthritis status post right knee arthroscopy, left knee meniscus tears, left shoulder arthroscopy, lumbar fusion, and history of right knee surgery. Treatments to date include activity modification, medication management, physical therapy, aquatic therapy, chiropractic therapy, acupuncture treatments, and therapeutic injections and epidural steroid injections, and use of a TENS unit. Currently, she complained of recent falls secondary to the right knee giving way. On 4/30/15, the physical examination documented swelling, bruising and tenderness in the right knee and right ankle with lower extremity weakness and ambulation with a limp. The shoulder was tender with muscle spasm on the left side with positive impingement testing. The plan of care included a right knee brace, physical therapy twice a week for six weeks for the right knee, and Lidoderm patches 5% and a topical pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Quantitative and Confirmatory Testing Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing shoulder pain, knee buckling causing falls, and right ankle pain with swelling after a fall. Treatment recommendations did not specify the use of any restricted medications. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for a large number of tests, which would not account for changes in the workers care needs. For these reasons, the current request for twelve quantitative and confirmatory urine drug screens is not medically necessary.

Topical Pain Cream: 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 Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The submitted and reviewed documentation indicated the worker was experiencing shoulder pain, knee buckling causing falls, and right ankle pain with swelling after a fall. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite supply of cream, which would not account for changes in the worker's needs, and also did not specify the medications contained in the compounded topical product. For these reasons, the current request for an indefinite supply of an unspecified topical cream is not medically necessary.

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57, 112.

Decision rationale: The MTUS Guidelines support the use of topical Lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical Lidocaine is not

recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (Gabapentin or Pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing shoulder pain, knee buckling causing falls, and right ankle pain with swelling after a fall. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite supply of medication, which would not account for changes in the worker's needs. For these reasons, the current request for an indefinite supply of topical Lidocaine patches is not medically necessary.

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

Decision rationale: The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation indicated the worker was experiencing shoulder pain, knee buckling causing falls, and right ankle pain with swelling after a fall. There were no documented examination findings suggesting the knee was unstable. Further, there was no discussion suggesting the worker was actively performing the type of activities described above. In the absence of such evidence, the current request for a right knee brace is not medically necessary.

PT Right Knee Qty 12: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing shoulder

pain, knee buckling causing falls, and right ankle pain with swelling after a fall. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for the right knee is not medically necessary.