

Case Number:	CM15-0114211		
Date Assigned:	06/22/2015	Date of Injury:	02/19/2004
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This is a 63 year old male with a February 19, 2004 date of injury. A progress note dated April 20, 2015 documents subjective complaints (neck, bilateral shoulder, and lower back pain which radiates down the right leg; pain rated at a level of 2-4/10 with medications and 3-6/10 without medications), objective findings (decreased grip strength of the left hand; antalgic gait using a single point cant; tenderness noted over the lower lumbar spine with spasm; tenderness noted over the right buttock; decreased range of motion of the lumbar spine; use of a right knee brace), and current diagnoses (sprain/strain of the lumbar spine with disc bulging; sprain/strain of the cervical spine; chronic sprain/strain of the bilateral shoulders; chronic impingement syndrome with rotator cuff tears, both shoulders). Treatments to date have included shoulder surgery, lumbar spine surgery, carpal tunnel release, medications, and knee bracing. The medical record indicates that medications help control the pain and offer functional improvement for the injured worker. This includes improvement with activities of daily living as well as increased ability to sit, stand, and walk. The treating physician requested authorization for a lumbar topical cream, and a right knee unloader brace with a strap that fastens in the front.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Topical Cream, UNS 360 Gram: 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: This patient complains of neck, bilateral shoulder, knee and lower back pain. The current request is for Lumbar Topical Cream, UNS 360 Gram. The RFA is not provided for review. Treatments to date have included shoulder surgery (2011), lumbar spine surgery (2011), carpal tunnel release, physical therapy, medications, and knee bracing. The patient is TTD. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended". According to progress report April 20, 2015, the patient complains of neck, bilateral shoulder, knee and lower back pain which radiates down the right leg. Objective findings revealed antalgic gait using a single point cane; tenderness noted over the lower lumbar spine with spasm; tenderness noted over the right buttock; and decreased range of motion of the lumbar spine. Examination of the right knee revealed weakness, and episodes of giving way. This is a request for a topical cream. The treater does not provide a discussion as to why this medication is prescribed and there is no indication of what ingredients are in this topical cream. In this case, recommendation cannot be made for a topical medication without knowing the chemical compound of the cream. The current request, as is, cannot be substantiated. This request is not medically necessary.

Right Knee Unloader Brace (w/ Strap that Fastens in Front): 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), Knee chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, Knee brace.

Decision rationale: This patient complains of neck, bilateral shoulder, knee and lower back pain. The current request is for Right Knee Unloader Brace (w/ Strap that Fastens in Front). The RFA is not provided for review. Treatments to date have included shoulder surgery (2011), lumbar spine surgery (2011), carpal tunnel release, physical therapy, medications, and knee bracing. The patient is TTD. ACOEM Guidelines page 340 states, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability, although its benefits may be more emotional than medical". The ODG Guidelines under the knee chapter does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial

osteotomy, painful unit compartmental OA, or tibial plateau fracture". According to progress report April 20, 2015, the patient complains of neck, bilateral shoulder, and lower back pain which radiates down the right leg. Objective findings revealed antalgic gait using a single point cane; tenderness noted over the lower lumbar spine with spasm; tenderness noted over the right buttock; and decreased range of motion of the lumbar spine. Examination of the right knee revealed weakness, and episodes of giving way. No x-ray or MRI reports were provided in the medical file. The treater recommended an unloader brace that fastens in the front as the patient had difficulty with his current standard brace. No MRI or x-ray reports were provided to determine whether or not this patient presents with any of the conditions that a knee brace is supported per guidelines. The request is not medically necessary.