

Case Number:	CM15-0116405		
Date Assigned:	06/24/2015	Date of Injury:	03/21/2014
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 40-year-old male who sustained a work related injury March 21, 2014. While descending a ladder, he slipped and fell, with injury to his right knee. History included s/p right knee arthroscopy and partial meniscectomy April 3, 2015. According to a primary treating physician's report, dated May 15, 2015, the injured worker presented for follow-up with persistent pain, rated 5/10, in the right knee. The pain is made better with therapy, medication, and rest. He has completed 7/12 post-operative physical therapy sessions, with increased range of motion and decreased pain. Objective findings included; 5'8" 224 pounds, right knee revealed healed portal scars and slight decreased range of motion with flexion 130 degrees, and extension 0 degrees. There was decreased quadriceps strength 4+/5 and tenderness to the medial and lateral joint line. Diagnoses are right knee medial meniscus tear; slight antalgic gait pattern. Treatment plan included continued post-operative physical therapy and at issue, a request for authorization for additional physical therapy, right knee, urine toxicology screen, and Flurbiprofen / Baclofen / Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee, two times a week for 6 weeks, total 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Per the post-surgical guidelines, derangement of the meniscus is certified for 12 physical therapy sessions over 12 weeks and the post-surgical physical medicine treatment period: 4 months. In this case, the injured worker was previously authorized 12 post-surgical physical therapy sessions. Per available documentation, he has only completed 7 of those visits and has 5 visits remaining. Additional physical therapy sessions cannot be approved until the remaining 5 visits are completed and he is evaluated for the necessity of additional visits. The request for physical therapy right knee, two times a week for 6 weeks, total 12 sessions is determined to not be medically necessary.

Flurbiprofen/Baclofen/Lidocaine Cream (20%/5%/4%) 180gm: 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 NSAIDs Section Topical Analgesics Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen / Baclofen / Lidocaine Cream (20%/5%/4%) 180gm is determined to not be medically necessary.

Urine Toxicology Screen: 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), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, there was a previous utilization review on 2/24/15 that approved a request for urine drug screen. Per available guidelines, for those patients at low risk, urine drug screen is recommended within 6 months of initiation of opioid therapy. As this request has recently been approved, an additional request is not necessary. The request for urine toxicology screen is determined to not be medically necessary.