

Case Number:	CM15-0123832		
Date Assigned:	07/08/2015	Date of Injury:	08/29/2012
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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 62 year old female who sustained an industrial injury on August 29, 2012. She has reported injury to the buttocks, elbow, and left knee and has been diagnosed with degenerative joint disease of knee, knee internal derangement, and hip pain. Treatment has included surgery (left knee medial and lateral menisectomies), medications and physical therapy. In PR-2 dated 5/19/2015 the patient complained of continued pain in left knee and hip with associated left leg weakness. The pain was 7/10, made worse with activity and made better with cold packs, medications and rest. She was currently working part-time. On exam the left knee showed positive quadriceps atrophy with a positive Q angle. There was medial joint line tenderness, lateral joint line tenderness, and patellofemoral facet tenderness. There was a positive apprehension test and McMurray test. The treatment request included Lidopro cream, MRI of the left knee, and left knee decompression brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4.5%-27.5%-0.0325%-10% x 2 tubes (dispensed 5/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Lidocaine; Salicylate topicals; Topical Analgesics Page(s): 28-9, 56, 105, 111-13.

Decision rationale: Capsaicin, lidocaine, menthol and methyl salicylate (Lidopro) cream is a combination product formulated for use as a topical analgesic. Capsaicin is a capsaicinoid compound with analgesic properties. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints and to reduce the symptoms of a peripheral neuropathy. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. Lidocaine is an anesthetic recommended in the MTUS only for treatment of neuropathic pain and only in the formulation Lidoderm. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. It is important to note the MTUS states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since the MTUS recommends lidocaine only to treat neuropathic pain and does not recommend it used in combination with any other product (for topical use), this product is not recommended. Medical necessity for use of this preparation has not been established.

MRI left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/knee.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-3, 347. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR) Appropriateness Imaging Criteria for Acute Trauma to the Knee, 2008, Last Reviewed 20132) American College of Radiology (ACR) Appropriateness Imaging Criteria for Nontraumatic Knee Pain, 1995, Last Reviewed 2012.

Decision rationale: Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the knee are indicated in acute injuries with associated red flags, that is, signs and symptoms suggesting neurovascular compromise. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or infection. This patient had an injury to his left knee 3 years ago and since has had surgery (date of surgery not given) so that the knee anatomy has been changed. The pain continues despite conservative treatment since the surgery. The provider requested the MRI to look for causes of internal knee

derangement that may be causing the patient's continued pain. This follows the indications for this test as noted above. Medical necessity for this procedure has been established.

Left knee decompression brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/knee.htm>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 346. Decision based on Non-MTUS Citation 1) Gravlee JR, Van Durme DJ. Braces and Splints for Musculoskeletal Conditions. Am Fam Physician. 2007 Feb 1;75(3):342-3482) AAOS clinical practice guideline, Treatment of Osteoarthritis of the Knee 2nd edition.

Decision rationale: The decompression knee brace is a custom-designed brace made of molded plastic, foam, and steel struts to limit side movement and is designed to put three points of pressure on the thigh. This forces the knee to bend away from the painful aspect of the knee essentially transferring or unloading stress from the inside or outside part of the knee. It is indicated for use in patients with pain from X-ray documented osteoarthritis of the knee. Although the ACOEM guideline suggests use of a brace only when necessary if the patient is going to be stressing the knee under a load, such as climbing or carrying objects, the American Academy of Orthopedic Surgeons suggests patients with knee pain from osteoarthritis use decompression braces for reduction of pain. However, present evidence is inconclusive and clinical judgment / patient preference should direct this therapy. This patient has diagnosed osteoarthritis of the knee and in the provider's clinical judgment requires a decompression knee brace. Use of the brace at this point in the care of this patient is a viable option. Medical necessity for use of this brace has been established.