

Case Number:	CM15-0177784		
Date Assigned:	09/18/2015	Date of Injury:	01/04/2014
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

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: New York
 Certification(s)/Specialty: Internal 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 63 year old female injured worker suffered an industrial injury on 1-4-2014. The diagnoses included right knee pain, right meniscal tear and myofascial pain syndrome. On 8-4-2015 the treating provider reported pain in the lumbar spine, left knee and right knee with numbness and tingling sensations affecting the right knee and right foot. On exam the right knee had obvious swelling and tenderness with muscle spasms, trigger points in the quadriceps along with decreased strength. Prior treatments included physical therapy and medication. The diagnostics included right knee magnetic resonance imaging 10-2014 and consistent urine drug screen 6-16-2015. The Utilization Review on 9-8-2015 determined non-certification for Right knee brace, Flexeril 7.5mg, Urine drug screen and Lidopro 4% ointment 121gms #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter--Braces.

Decision rationale: As per MTUS/ACOEM guidelines brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Official Disability Guidelines (ODG) recommend knee brace for Knee instability Ligament insufficiency/deficiency, Reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartmental osteoarthritis, Tibial plateau fracture. ODG state Postoperative bracing did not protect against re-injury, decreased pain, improved stability. Review of submitted medical records of injured worker lack clinical data that satisfies these guidelines, therefore the requested treatment right knee brace is not medically necessary and appropriate.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter -- Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

Decision rationale: ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. This injured worker is not on opioids. Reviews of Medical Records do not indicate substance abuse, noncompliance, or aberrant behavior. Guidelines are not met, therefore, the request is not medically necessary.

Lidopro 4% ointment 121gms #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Lidoderm® (lidocaine patch).

Decision rationale: Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. There is no documentation that the injured worker has failed a trial of antidepressants and anticonvulsants and is intolerant to other medicines. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of guidelines, the medical necessity of the requested treatment: Lidopro 4% ointment 121gms #2, is not medically necessary and appropriate.