

Case Number:	CM15-0070260		
Date Assigned:	04/20/2015	Date of Injury:	02/25/2011
Decision Date:	07/03/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 59 year old female, who sustained an industrial injury on 02/25/2011. She has reported injury to the neck, bilateral shoulders, right knee, and back. The diagnoses have included chronic right knee pain due to lateral meniscal tear, as well as advanced degenerative tricompartmental osteoarthritis; multilevel disc disease of the lumbar spine with facet arthrosis at L5-S1; discogenic cervical condition with multilevel disc disease; right shoulder impingement with MRI showing full-thickness tear of the rotator cuff, status post surgical intervention; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, injections, TENS (transcutaneous electrical nerve stimulation) unit; physical therapy, and surgical intervention. Medications have included Norco, Flexeril, Flector patch, Terocin patch, Protonix, and LidoPro lotion. A progress note from the treating physician, dated 02/16/2015, documented a follow-up visit with the injured worker. The injured worker reported persistent right knee pain and swelling; popping, clicking, and instability of the right knee; had Hyalgan injection and cortisone injection with temporary relief; left shoulder pain; and surgery for her left shoulder is scheduled. Objective findings included tenderness along the right knee, lateral greater than medial joint line; some swelling along the joint with no joint effusion; crepitation with range of motion; and positive McMurray's sign laterally. The treatment plan has included the request for Cyclobenzaprine 7.5mg, quantity 60; LidoPro ointment 121gm, 1 bottle; x-ray of the left knee; and defiance brace molded plastic, lower knee addition and upper knee addition, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine 7.5mg quantity 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has persistent right knee pain and swelling; popping, clicking, and instability of the right knee; had Hyalgan injection and cortisone injection with temporary relief; left shoulder pain; and surgery for her left shoulder is scheduled. Objective findings included tenderness along the right knee, lateral greater than medial joint line; some swelling along the joint with no joint effusion; crepitation with range of motion; and positive McMurray's sign laterally. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg quantity 60 is not medically necessary.

Lidopro ointment 121gm, 1 bottle: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Lidopro ointment 121gm, 1 bottle, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Topical Analgesics, page 111-113, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants." The injured worker has persistent right knee pain and swelling; popping, clicking, and instability of the right knee; had Hyalgan injection and cortisone injection with temporary relief; left shoulder pain; and surgery for her left shoulder is scheduled. Objective findings included tenderness along the right knee, lateral greater than medial joint line; some swelling along the joint with no joint effusion; crepitation with range of motion; and positive McMurray's sign laterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any

previous use. The criteria noted above not having been met, Lidopro ointment 121gm, 1 bottle is not medically necessary.

X-Ray of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested X-Ray of the left knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, pg. 341-343, recommend knee x-rays when "patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma, Inability to flex knee to 90 degrees." The injured worker has persistent right knee pain and swelling; popping, clicking, and instability of the right knee; had Hyalgan injection and cortisone injection with temporary relief; left shoulder pain; and surgery for her left shoulder is scheduled. Objective findings included tenderness along the right knee, lateral greater than medial joint line; some swelling along the joint with no joint effusion; crepitation with range of motion; and positive McMurray's sign laterally. The treating physician has not documented the presence of any of the criteria noted above. The criteria noted above not having been met, X-Ray of the left knee is not medically necessary.

Defiance brace molded plastic, lower knee addition and upper knee addition, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 16 Eye Chapter Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Knee brace.

Decision rationale: The requested Defiance brace molded plastic, lower knee addition and upper knee addition, right knee, is not medically necessary. The requested Defiance brace molded plastic, lower knee addition and upper knee addition, right knee, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 13, Table 13-6, page 346 note that kneebraces are, "Recommended: Short period of immobilization after an acute injury to relieve symptoms;" and Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) , Knee brace note, "Knee brace: Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment

and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The injured worker has persistent right knee pain and swelling; popping, clicking, and instability of the right knee; had Hyalgan injection and cortisone injection with temporary relief; left shoulder pain; and surgery for her left shoulder is scheduled. Objective findings included tenderness along the right knee, lateral greater than medial joint line; some swelling along the joint with no joint effusion; crepitation with range of motion; and positive McMurray's sign laterally. The treating physician has not documented physical exam evidence of knee instability or the other criteria noted above. The criteria noted above not having been met, Defiance brace molded plastic, lower knee addition and upper knee addition, right knee is not medically necessary.