

Case Number:	CM15-0078406		
Date Assigned:	04/29/2015	Date of Injury:	10/26/2009
Decision Date:	06/08/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male who sustained an industrial injury on October 26, 2009. Previous treatment includes acupuncture, surgical intervention to the left knee, Orthovisc injections to the left knee and medications. Currently the injured worker complains of left hip and left knee pain. He reports burning pain and popping. He rates the pain a 2-3 on a 10-point scale and describes the pain as constant. He reports difficulty with tasks such as hiking and walking in the part and uses a knee brace for support. He reveals that applying topical cream and resting will alleviate the pain. Prolonged sitting aggravates the pain. He reports associated numbness to the gluteal region. Diagnoses associated with the request include status post left knee meniscectomy, knee arthritis and sacroiliac joint dysfunction. The treatment plan includes home exercise program, Lidopro topical analgesic, and continuation of left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative studies: CXR, EKG, labs (CBC, Chem 7, PT/PTT/INR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA) European Heart Journal (2009) 30, 2769.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for left knee pain. When requested, an arthroscopic meniscectomy for a recurrent meniscal tear was being planned. He had previously undergone arthroscopy in 2012. The claimant's past medical history includes hypertension and gastroesophageal reflux disease which are under control without medications by diet and exercise. The claimant has a BMI of over 31. Medications requested post-operatively also included Nabumetone. In terms of risk, surgical interventions can be divided into low-risk, intermediate-risk, and high-risk groups. In this case, the claimant is otherwise healthy and the past surgical history includes an uncomplicated prior meniscectomy. Major orthopedic surgery is not being planned. He would be at low risk for the planned procedure. Medical clearance with lab, chest x-ray, and EKG testing is therefore not medically necessary.

Lidopro topical ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for left knee pain. When requested, an arthroscopic meniscectomy for a recurrent meniscal tear was being planned. He had previously undergone arthroscopy in 2012. The claimant's past medical history includes hypertension and gastroesophageal reflux disease which are under control without medications by diet and exercise. The claimant has a BMI of over 31. Medications requested post-operatively also included Nabumetone. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication and in this case an oral non-steroidal anti-inflammatory medication, Nabumetone was also requested. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived

benefit is due to a particular component. Prescribing two non-steroidal anti-inflammatory medications is duplicative. Therefore, LidoPro is not medically necessary.

Ice therapy cold compression therapy times three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Continuous-Flow Cryotherapy Unit. Decision based on Non-MTUS Citation Official Disability Guidelines Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy.

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for left knee pain. When requested, an arthroscopic meniscectomy for a recurrent meniscal tear was being planned. He had previously undergone arthroscopy in 2012. The claimant's past medical history includes hypertension and gastroesophageal reflux disease which are under control without medications by diet and exercise. The claimant has a BMI of over 31. Medications requested post-operatively also included Nabumetone. Cold compression / continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the request was for three weeks of use and therefore not medically necessary.