

Case Number:	CM15-0079545		
Date Assigned:	04/30/2015	Date of Injury:	05/07/2013
Decision Date:	06/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: Family Practice

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 57-year-old female who sustained an industrial injury to her right knee on 05/07/2013 during baton training as a correctional officer. The injured worker was diagnosed with meniscus tear right knee and right knee chondromalacia. Treatment to date includes diagnostic testing surgery, physical therapy, steroid injections, Orthovisc injections, acupuncture therapy and medications. The injured worker is status post right knee arthroscopy with medial and lateral meniscectomy repair (no date documented). According to the primary treating physician's progress report on March 18, 2015, the injured worker continues to experience achy right knee pain. Examination of the right knee demonstrated tenderness to palpation of the anterior, lateral, medial and posterior knee with decreased range of motion. There was muscle spasm noted of the anterior and posterior aspect of the knee. There was no swelling, McMurray's was positive and the injured worker had an antalgic gait. Current medications are listed as Hydrocodone and Cyclobenzaprine. Treatment plan consists of the current request for extracorporeal shockwave therapy, Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.025% cream base 210 grams and Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, cream base 210 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy right knee 3 sessions: 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), knee and leg (acute and chronic).

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

Decision rationale: According to guidelines it states shockwave therapy is not used for knee complaints. Based on medical records there is no indication why this is needed. Based on this it is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, cream base 210 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline is not supported thus not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Camphor 2%, Capasicin 0.025% cream base 210 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not medically necessary.