

<b>Case Number:</b>	CM13-0000870		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	06/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 23-year-old male with a reported date of injury of 02/02/2013. The mechanism of injury is described as, while climbing a wall, he struck his left knee against the wall, jumped down, and his left knee was with pain and had locking and popping and had weakness. The initial report of injury indicates that he had left knee swelling, mild antalgic gait, joint line tenderness, trace effusion, was unable to fully extend and was locked at 5 degree flexion maximum, and he had a positive McMurray's. He was seen again in clinic on 05/16/2013 with complaints of left knee pain and instability and weakness. He also stated his right knee was also causing some discomfort secondary to his left knee. He had limited range of motion, positive McMurray's, and locking of the knee at that time. A urine specimen was obtained to monitor medication use. The records indicate that his last clinical visit before that 05/13/2013 note indicated he was only taking Mobic for pain relief. Urine drug screen performed on 05/16/2013 reported on 05/31/2013 demonstrated he was consistent and there was no indication that he was on clonazepam or narcotics. He was seen in 07/2013, at which time he still reported discomfort, but his overall pain score was not objectively identified on that report. Agreed Medical Evaluation occurred on 09/11/2013. Medications at that time were listed as over the counter Advil or Tylenol. Diagnoses were left knee sprain with osteochondral fracture, and plan going forward was to prescribe Cartivisc nutritional supplement, FluriFlex compounded topical cream, and TGHOT compounded topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen (DOS: 5/16/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** This request is for a Retrospective Urine Drug Screen (DOS: May 16, 2013). MTUS Chronic Pain Guidelines state "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." Additionally, they advocate monitoring of the 4 A's, "analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors." The records indicate that, when this drug screen occurred, this claimant was only on over the counter anti-inflammatory medications and was not exhibiting any significant pain behavior and did not have objectively documented pain as his VAS score was not documented on that date. There is no indication that he had aberrant drug-taking behavior at that time. Therefore, this drug screen performed on 05/13/2013 is not supported by the records and/or guidelines and is non-certified.

**Cartivisc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** This medication, Cartivisc, is also known as Glucosamine. MTUS Chronic Pain Guidelines state this medication is recommended "as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The records do not indicate that this patient has significant osteoarthritis for which this medication would be supported. Additionally, the records do not indicate current status of this claimant as his most recent clinical exam was in 09/2013. The strength and dosing of this medication has not been provided for this review. Therefore, this request is not considered medically necessary and is non-certified.

**FluriFlex Compounded Topical Cream:** 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 Cyclobenzaprine and NSAIDS, Topical Analgesics Page(s): 41, 67-73, and 111-113.

**Decision rationale:** MTUS Chronic Pain Guidelines state "Recommended as an option, using a short course of therapy." Additionally, they state "Treatment should be brief. There is also a postop use. The addition of cyclobenzaprine to other agents is not recommended." MTUS Chronic Pain Guidelines also state "There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended," There is no evidence of use of muscle relaxants as a topical product. This request is for FluriFlex Compounded Topical Cream. This medication includes Cyclobenzaprine and nonsteroidal anti-inflammatories as a topical analgesic. The most recent records do not indicate this patient is in significant pain as his VAS score was not documented for review. The most recent record is 09/2013 and, therefore, his current status is unknown. There is lack of documentation to indicate medical necessity for a muscle relaxant as the records do not indicate he currently has muscle spasms, and there is lack of documentation for anti-inflammatory in any form as the records do not indicate he has significant inflammation. Therefore, this request is not medically necessary and is non-certified.

**TGHot Compounded Topical Cream:** 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, Tramadol, Gabapentin, Capsaicin Page(s): 111-113.

**Decision rationale:** This request is for TGHot Compounded Topical Cream. MTUS Chronic Pain Guidelines state "There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...Gabapentin: Not recommended. There is no peer reviewed literature to support use... and Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy... Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic." The records do not indicate this patient is currently having significant discomfort or that he has neuropathic pain. Guidelines do not support use of capsaicin or Gabapentin in this form. Therefore, this request is not considered medically necessary and is non-certified.