

Case Number:	CM13-0002350		
Date Assigned:	03/03/2014	Date of Injury:	09/12/2010
Decision Date:	06/30/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Virginia and Washington DC. 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/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 is a 48-year-old patient who sustained injury in Sept 2010 and development of worsening knee pain. The patient had a medial meniscectomy for a meniscus tear in Nov 2010. She had ongoing issues with right knee pain. From the documentation provided, [REDACTED] noted that the patient was doing well on an Aug 2011 visit. She had undergone 38 visits of physical therapy and it was noted that this was helping to decrease her pain. The patient underwent surgical manipulation of the knee after 38 physical therapy visits in Feb 2012. The patient sustained another injury on Sept 7 2012 after pushing a gurney and was noted to have weakness on physical exam by [REDACTED] on Sept 13 2012. It was noted that the range of motion was essentially unchanged from the time when she had undergone surgical manipulation. The patient had a CT of the right leg which revealed a right total knee arthroplasty without evidence of hardware complication and no gross abnormality. This test was done on Oct 29 2012. In Jan 14 2013, [REDACTED] noted that that patient had increasing right knee pain in the medial meniscus. On June 11 2013, multiple medications were prescribed: flurbiprofen, flexeril, ultraderm, gabapentin powder, camphor,ultraderm, tramadol, capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN-CYCLOBENZAPRINE IN AN ULTRADERM BASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines This is a 48 year old patient who sustained injury in Sept 2010 and development of worsening kn.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, such as amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at two weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. According to the Chronic Pain Medical Treatment Guidelines, Ketoprofen is not currently FDA approved for a topical application. According to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, compounded medications are not recommended. There is mixed evidence about whether compounding medications is more efficacious than the single medication. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDS (non-steroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor blockers, adrenergic receptor blockers, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. The request for flurbiprofen-cyclobenzaprine in an ultraderm base is not medically necessary or appropriate.

TRAMADOL/GABAPENTIN POWDER/MENTHOL/CAMPHOR/CAPSAICIN IN AN ULTRADERM BASE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding Camphor and Menthol, both are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding Capsaicin, the Chronic Pain Medical Treatment Guidelines states that it is recommended only as an option in patients who have not responded or are intolerant to other treatments. Also, according to the Initial Approaches to Treatment Chapter of the ACOEM Practice Guidelines, compounded medications are not recommended. There is mixed evidence about whether compounding medications is more efficacious than the single medication. Many agents are compounded as

monotherapy or in combination for pain control (including NSAIDS [non-steroidal anti-inflammatory drugs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor blockers, adrenergic receptor blockers, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The patient was clinically unchanged prior to initiating this therapy, per documentation provided, and portions of this compound medication would be considered a topical analgesic, which is not medically indicated. The request for tramadol/gabapentin powder/menthol/camphor/capsaicin in an ultraderm base is not medically necessary or appropriate.