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| Case Number: | CM13-0023483 | | |
| Date Assigned: | 05/21/2014 | Date of Injury: | 04/07/2007 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/12/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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:

The injured worker is a 53-year-old female with an injury reported on 04/07/2007. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/09/2013 reported that the injured worker complained of right knee and foot pain. The physical examination revealed tenderness along the knee joint bilaterally. Clinical note dated 11/06/2013 revealed the injured worker had tenderness along the lumbosacral area with loss of motion. The injured worker's prescribed medication list included Tramadol ER, Flexeril, Gabapentin, Acetadryl, and Lidopro lotion. The injured worker's diagnoses included rotator cuff on the right with retraction, internal derangement of the knee on the right with a positive MRI, and ankle sprain with instability. The provider requested Flexeril for muscle spasms; Tramadol ER for pain; Terocin cream, rationale not provided; Medrox patches, rationale not provided; Acetadryl for sleep. The injured worker's prior diagnostic examinations included an EMG, MRI of her head, and an MRI revealing a tear of the medial meniscus (site not specified). The injured worker's prior treatments included epidural steroid injection, brace, hot and cold therapy, and TENS unit (sites not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 7.5 mg quantity 60 is not medically necessary. The injured worker complained of right knee and foot pain. The requesting provider's rationale for Flexeril is due to muscle spasms. The California MTUS Guidelines recommend Cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Flexeril as evidenced by decreased muscle spasms and significant objective functional improvements. There is a lack of clinical information provided indicating how long the injured worker has used Flexeril. The guidelines recommend Flexeril as a short course therapy. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

TRAMADOL ER 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol ER 150 mg quantity 30 is not medically necessary. The injured worker complained of right knee and foot pain. The requesting provider's rationale for tramadol is due to pain. The California MTUS guidelines Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There was a lack of clinical information provided documenting the efficacy of tramadol as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.

TEROCIN CREAM 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): 111-112.

Decision rationale: The request for Terocin cream 1 bottle is not medically necessary. The injured worker complained of right knee and foot pain. The requesting provider's rationale for Terocin cream was not provided. According to the California MTUS guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is

also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Terocin patch is a topical analgesic with the active ingredients of lidocaine 4% and menthol 4%. The requesting provider did not indicate the location for application or frequency of the medication being requested. Furthermore, the combination of Lidocaine and any other topical medication is not recommended per the guidelines. Therefore, the request is not medically necessary.

MEDROX PATCHES #10: 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): 112.

Decision rationale: The request for Medrox patches quantity 10 is not medically necessary. The injured worker complained of right knee and foot pain. The requesting provider's rationale for Medrox patches was not provided. The California MTUS guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. 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. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox patches contain Menthol 5%, Capsaicin 0.0375%, and Methyl Salicylate 5%. The guidelines do not recommend Capsaicin at 0.0375%. Medrox patches contain Capsaicin 0.0375%. Thus, the request is not medically necessary.

ACETADRYL 25/500 MG #50: 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), Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

Decision rationale: The request for Acetadryl 25/500 mg quantity 50 is not medically necessary. The injured worker complained of right knee and foot pain. The requesting provider's rationale for Acetadryl is for sleep. Acetadryl is a combination medication consisting of acetaminophen and Benadryl. The California MTUS guidelines recommend acetaminophen for the treatment of chronic pain & acute exacerbations of chronic pain. The Official Disability Guidelines recommend insomnia treatment based on the etiology, with the appropriate medications. The guidelines state Benadryl/ Diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. There is a lack of clinical information provided documenting the efficacy of Acetadryl as

evidenced by increased sleep with significant objective functional improvements. Moreover, the guidelines indicate the active ingredient of Benadryl has been shown to build tolerance against its sedation effectiveness very quickly. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.