

Case Number:	CM13-0032843		
Date Assigned:	12/06/2013	Date of Injury:	10/16/2009
Decision Date:	06/04/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, 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 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 patient is an employee of [REDACTED] and has submitted a claim for internal knee derangement, knee pain, chronic pain syndrome, and medical insomnia associated with an industrial injury date of October 16, 2009. Treatment to date has included oral and topical analgesics and orthovisc injections to the knees. Medical records from 2012 to 2013 were reviewed and showed chronic bilateral knee and right hand pain graded 8/10 with medications and 10/10 without medications. Physical examination of the knees showed bilateral crepitus, slight pain on varus and valgus testing, and decreased DTRs of the lower extremity. An MRI of the bilateral knees obtained on September 18, 2012 showed mild degenerative joint disease. The patient was diagnosed with internal knee derangement, knee pain, chronic pain syndrome and medical insomnia, on top of the other musculoskeletal disorders of the patient. Elavil was prescribed for chronic pain-related insomnia on March 26, 2013. The patient has also been using Fluriflex ointment and Cidaflex as far back as April 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF FLURIFLEX OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. With regards to the flurbiprofen component, the MTUS Chronic Pain Guidelines state that topical NSAIDs may be useful for chronic musculoskeletal pain but are recommended for short-term use (4-12 weeks) in osteoarthritis of the knee. In addition, the only FDA approved topical analgesic is Diclofenac. With regards to the Cyclobenzaprine component, the Guidelines do not recommend the use of topical muscle relaxants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has complaints of bilateral knee pain and was diagnosed with internal knee derangement. The patient has been using Fluriflex as far back as back as April 2013, however this medication contains drug classes that are not recommended. Moreover, there was no objective evidence of overall pain improvement and functional benefits with its use. Therefore, the request is not medically necessary and appropriate.

ONE PRESCRIPTION OF CIDAFLEX: Upheld

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

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

Decision rationale: Cidaflex is a brand name for chondroitin and glucosamine. According to the MTUS Chronic Pain Guidelines page 50, glucosamine and chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient was diagnosed with internal knee derangement. This was supported by an MRI finding of mild degenerative joint disease. Cidaflex is recommended for knee osteoarthritis, however the request did not quantify the number of medication to dispense. Therefore, the request for Cidaflex is not medically necessary and appropriate.

ONE PRESCRIPTION OF ELAVIL #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Guidelines pages 13-14, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient has been diagnosed to have chronic pain-related insomnia for which Elavil was prescribed on March 26, 2013.

However, most recent progress notes did not indicate any problems with sleep nor were there any discussion concerning the patient's sleep hygiene. Moreover, there was no evidence of overall pain improvement, continued functional benefits and improved sleep quality and duration from this medication. Therefore, the request is not medically necessary and appropriate.