MAXIMUS Federal Services

Case Number:	CM13-0041585		
Date Assigned:	12/20/2013	Date of Injury:	03/07/2008
Decision Date:	03/12/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 is a 58-year-old female with a 317/2008 date of injury. A specific mechanism of injury has not been described. 10/7/13 progress report indicates continued left knee pain. Physical exam demonstrates some left knee swelling, limitation in range of motion, and left knee weakness. The patient underwent left knee arthroscopic meniscectomy and 6/6/12. On June 19, 2013 the patient was seen by [redacted] regarding her left knee bursitis and left shoulder impingement. He did review the MRI of the left shoulder. The patient was given an injection to the left shoulder and then to be seen again as a followup. Next, there was another follow up visit. The patient was seen on July 3, 4013 by [redacted] and, again, he evaluated her for the left shoulder. He saw the MRI. The patient did not benefit from the injection and so, he requested for the left shoulder arthroscopy and decompression. The patient is to continue to take her medication. The surgery did not help for the left knee and so she wants to have another opinion in regard to the left knee because of the continued problems. The patient also was taking the medication -Norco, but she has cut it down because of the considerable side effects. So, she has been using the cream which has been helping her and is helping her to reduce her pain and inflammation. Without the cream, the patient would have been 8/10. With the cream, she has been 4/10 and it helps her to do her exercises and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Cyclobenzaprine 2-3 times per day: Upheld

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

MAXIMUS 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) -TWC-Pain (Chronic) (Updated 11/14/2013) Topical Analgesics

Decision rationale: The guideline does not support the use of Cyclobenzaprine as topical agents. The guideline further stated that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore the request for compound medication: Cyclobenzaprine 2-3 times per day is not medically necessary.

Compound Medication: Ibuprofen 2-3 times per day: Upheld

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

MAXIMUS 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) -TWC-Pain (Chronic) (Updated 11/14/2013) Topical Analgesics

Decision rationale: With respect compound medication: Ibuprofen 2-3 times per day, is only recommended as a second line treatment after a trial of oral NSAIDs or acetaminophen for chronic pain has failed, and there is no documentation that this is the case in this patient. ODG guideline stated the use of oral NSAIDs concomitantly with topical agents is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Therefore, the request for compound medication: Ibuprofen 2-3 times per dayis not medically necessary.