MAXIMUS Federal Services

Case Number:	CM13-0043016		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2012
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/20/2013

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 Interventional Spine 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:

This patient is a 63-year-old female with date of injury of 07/13/2012. Per report 10/03/2013, the patient presents with left knee pain, ankle, and lumbar spine pain. The patient was continuing on physiotherapy and medication for pain control. The listed diagnoses include: 1. Left knee strain/sprain. MRI showing an ACL tear and partial intrasubstance tear. 2. Left ankle strain/sprain with plantar fasciitis. 3. Left foot strain/sprain with calcaneal spur. 4. Lumbar spine strain/sprain with grade 1 spondylolisthesis at L4-L5. Under treatment plan, recommendation was for lumbar epidural steroid injection and also left knee arthrogram, CT scan of the left proximal tibia, left foot and ankle ortho shockwave therapy, continue physiotherapy, and the medication refill that includes cyclobenzaprine, Prilosec, Ultram, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE, KETOPROFEN #120 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic knee pain with ACL tear and low back pain. There is a request for cyclobenzaprine and ketoprofen #120. MTUS Guidelines do not support chronic use of muscle relaxants particularly cyclobenzaprine, only short-term use is recommended. Review of the reports on this patient shows that the patient is prescribed this medication on a long-term basis and the treater does not describe that this is to be used for short-term relief for flareups or spasms. Recommendation is for denial. There is also a request for ketoprofen, but none of the reports described efficacy of this medication. The reports also indicate the patient has gastritis secondary to NSAID and no discussion is provided as to why ketoprofen and NSAID is continued to be prescribed. MTUS Guidelines page 60 states that for use of medication, chronic pain, pain assessment of functional level should be documented for the specific medication used. In this case, none of the reports described how the patient is responding to the use of ketoprofen. Recommendation is for denial. This request is somewhat ambiguous. It states cyclobenzaprine/ketoprofen #120 and I assume that they were oral medication. However, if this is a compounded cyclobenzaprine and ketoprofen, denial recommendation still stands. MTUS Guidelines do not support Flexeril topical compounding, and MTUS also states that if one of the compounded products contained is not recommended, then the entire compound is not recommended. If this is, perchance, cyclobenzaprine and ketoprofen compounded cream, recommendation is for denial.

CAPSAICIN 95%, TROLAMINE, CARBAPOL #120 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic knee pain and low back pain. There is a request for capsaicin 95%, trolamine, carbamol. None of the reports reviewed from 08/15/2013, 10/03/2013, 11/14/2013, 12/26/2013 show description of this compounded cream. Request for authorization letter was not provided to determine what exactly was requested. Capsaicin cream at 0.025% is recommended for pain condition including knee and back pain. Trolamine contains topical NSAID which is indicated for peripheral joint arthritis and tendinitis pain which this patient suffers from. Unfortunately, in this request, the specifics of the capsaicin are not known and the treating physician does not provide discussion as to how this medication is used, how often, and with what effect. Capsaicin cream is allowed at only 0.025% dose and higher concentrations are not recommended per MTUS Guidelines. While topical NSAID is indicated for this patient, this treater does not provide any discussion regarding its use despite review of reports from 08/15/2013 to 12/26/2013. MTUS Guidelines page 60 requires documentation of pain and function with use of medications for chronic pain. In this case, none of this information is provided and it is not certain what concentration this capsaicin cream contains. Recommendation is for denial.