

Case Number:	CM13-0047858		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2011
Decision Date:	03/31/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 35 year-old injured worker with a date of injury of 02/16/11. The mechanism of injury was falling 4 feet off a trailer. He developed immediate right knee pain upon walking. A PR-2 Report by [REDACTED], dated 10/10/13, identified subjective complaints of 7/10 right knee pain. Objective findings included tenderness, swelling, stiffness, and limited range-of-motion. X-rays of the knee showed no increase in his osteoarthritis. Diagnoses indicate that the patient has arthritis of the knee. The patient underwent arthroscopy with partial meniscectomy on 07/09/13. Treatment now recommended is aquatic therapy, topical and oral treatment. An initial physical therapy evaluation was done on 09/05/13. A Utilization Review determination was rendered on 10/24/13 recommending non-certification of "Aquatic Physical Therapy 2 x 6; Biotherm 120 mg; Theraflex 180 mg; Dyotin 250 mg".

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic physical therapy twice a week for six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ,Aquatic Therapy;Physical Medicine, Post-Surgical Treatment Guidelines Meniscectomy of Knee Page.

Decision rationale: The MTUS Postoperative Guidelines for the knee states that: "Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy (Goodwin 2003)". Allowed postsurgical treatment for a complete meniscectomy is 12 visits over 12 weeks with a postsurgical physical medicine treatment period of 6 months. Though some controversy is noted, the Guidelines do allow for postoperative physical therapy. The Chronic Pain Medical Treatment Guidelines also state that aquatic therapy is "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." Therefore, there is adequate documentation for the medical necessity for aquatic therapy in this case. The request for aquatic therapy twice a week for six weeks is medically necessary and appropriate

Bio therm 120 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 16-20, 28, 41-42, 49, 105, 111-113.

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

Decision rationale: Biotherm lotion is a topical analgesic containing capsaicin and methyl salicylate. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. They do note that a variety of agents including the aforementioned have been used as a topical. Capsaicin has shown success in musculoskeletal conditions. However, they are recommended only as an option in patients who have not responded or are intolerant to other treatments. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documentation of oral therapies that have failed. Additionally, The Chronic Pain Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. There is no stated indication for musculoskeletal joint pain. The request for Bio Therm 120 mg is not medically necessary and appropriate.

Theraflex 180 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105;111-113.

Decision rationale: Theraflex is a topical analgesic that appears to have different ingredients based upon the manufacturer. The requested formulation contains flurbiprofen, an NSAID, cyclobenzaprine, a muscle relaxant, and menthol. However, there are other formulations such as Theraflex Rx which contains 14 ingredients, the active appearing to be methyl salicylate. ■■■■■ Theraflex contains the active ingredient capsaicin. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. They do note that a variety of agents including the

aforementioned have been used as a topical. Topical NSAIDs have shown success in non-neuropathic pain. However, the only FDA approved topical NSAID is diclofenac. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Additionally, The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental and are primarily recommended for neuropathic pain. There is no stated indication for musculoskeletal joint pain. There is no documented medical necessity for Theraflex in this case. The request for Theraflex 180 mg is not medically necessary and appropriate.

Dyotin 250 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21;49.

Decision rationale: Dyotin (Gabapentin) is an anti-seizure agent. The California MTUS Chronic Pain Medical Treatment Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for other specific musculoskeletal etiologies such as the knee. Due to the lack of supporting data, there is no demonstrated necessity for gabapentin in this case. The request for Dyotin 250mg is not medically necessary and appropriate.