

Case Number:	CM13-0048038		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2013
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, 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 a 62-year-old male who reported an injury on 02/14/2013. The mechanism of injury was a fall. The clinical note dated 08/06/2013 noted that the patient complains of ongoing pain to his right knee. The patient complained of difficulty with his activity as well. Upon exam, the patient's right knee was noted to be tender at bilateral joint lines with crepitus. There is painful motion which is reduced with an antalgic gait and some inability to perform deep knee bend maneuver. Surgical history noted colon resection, no date provided. No documentation provided for conservative care, and medications in the medical records provided for review. MRI of the right knee dated 02/26/2013 impression noted large mass of mixed signal intensity seen within the anteromedial soft tissues of the distal thigh. The proximal extent of the mass is not included on the image obtained. 2 cm ganglion cyst was seen adjacent to the posterior horn of the medial meniscus. Degenerative changes were seen involving the patellofemoral compartment of the knee as described. A large amount of edema was seen in the subcutaneous fat surrounding the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/CYCLOBENZAPRINE 15/10% COMPOUND 180GM.: 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 NSAIDs Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Cyclobenzaprine is recommended as an option, using the shortest course of therapy. The addition of Cyclobenzaprine to other agents is not recommended by the MTUS Chronic Pain Guidelines. The documentation provided did not cover all medications, conservative care, and therapy. Therefore, the request is not medically necessary and appropriate.

TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAICIN COMPOUND CREAM 8/10/2/2/.05% 180GM: 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 NSAIDs Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Guidelines state that tramadol is not recommended as a first line therapy. Opioid analgesics and tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). Gabapentin is not recommended by the MTUS Chronic Pain Guidelines. There is no peer reviewed literature to support its use. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. It is noted that topical Capsaicin has moderate to poor efficacy, and it is recommended only in patients who have not responded or are intolerant to other treatments. Due to the Gabapentin not being recommended, the request is not medically necessary and appropriate.