

<b>Case Number:</b>	CM13-0053009		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 injured worker is a 58 year old woman whose reported date of industrial injury was 12/01/2003. She was last seen on 9/12/2013. There was a report of right knee pain and it was noted that the patient was on a weight loss program. Her weight was 274 pounds and surgery including total right knee arthroplasty was scheduled to be delayed until 75 pounds of weight loss had occurred. She had limited range of motion, a positive McMurrays and tenderness to palpation of the right knee. Her listed diagnoses included hypertension, obesity, arthritis of both knees, status post arthroscopy and plantar fascia release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Analgesic cream; keto-flex and flur 20:** 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** The said product contains ketoprofen 20% and cyclobenzaprine 2%. The mechanism of action of cyclobenzaprine is primarily in the CNS, where it leads to muscle relaxation and is considered an anti-spasmodic agent. As such, it is not expected to have any

benefit when applied locally. There is no high quality data demonstrating effectiveness over systemic preparations, which are much more evidence based. As such, since one component of the product is not recommended for topical use, the entire combination, per the MTUS guidelines, is not recommended.

**Norco 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 76-88.

**Decision rationale:** Opiates should only be used for arthritis when other therapies such as anti-inflammatories, acetaminophen, physical therapy, physical measures such as braces and sleeves, along with acupuncture and work modification, activity modification have failed to present adequate pain relief. Further, opiate use for chronic pain should be undertaken after an assessment of the risk of misuse. This risk should be documented in the form of a risk assessment scale on an ongoing basis. The four As of ongoing use of opiates should include information on analgesia, activities of daily living, adverse effects and risk of aberrancy. This information is not included. Further, it is not documented that the patient has failed appropriate and well conducted trials of medications including NSAID. Finally, comorbid psychiatric and drug dependence issues should be addressed and treated when opiate therapy is being contemplated. The presence of psychiatric cofactors and chronicity of the pain argue for treatment with an anti-depressant such as a tricyclic or venlafaxine. These issues receive no attention in the documentation of the physician. Therefore, the request is not recommended.

**Flexeril 10mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

**Decision rationale:** Flexeril or cyclobenzaprine is only recommended by applicable guidelines for short term use in the setting of acute musculoskeletal pain and demonstrates mild to moderate efficacy in that setting. Mixed evidence disallows recommendation for use in chronic settings. The patient's injury occurred many years earlier and she has arthritis, not muscle spasms, so that this therapy appears unlikely to be beneficial. Acute back pain is the setting in which cyclobenzaprine has been used the most. Therefore, the current request is not recommended.