

Case Number:	CM13-0061034		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2008
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Orthopedic Surgery and is licensed to practice in Texas, Nebraska, Michigan and Indiana. 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:

The patient is a 59-year-old male who reported an injury on 10/02/2008. The mechanism of injury was noted to be a twisting injury. The patient was noted to be complaining of pain with swelling which increased by the end of the day. The patient's pain level at the office visit was 5/10. The patient had medial tenderness with swelling and limping ambulation to the right knee. The patient's range of motion showed flexion of 120 degrees. The patient had x-rays taken which revealed a mild increased osteoarthritis. The patient's diagnosis was noted to be osteoarthrosis unspecified whether generalized or localized. The treatment plan was noted to include an MR arthrogram of the right knee, Norco 10/325 mg #60, Cyclobenzaprine 7.5 mg #90, Voltaren 100 mg #60, and Dyotin SR 250 mg capsules #120, Theraflex cream 180 mg, Biotherm pain-relieving lotion 4 ounce bottle, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 Medications for Chronic Pain Section Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that Norco is appropriate treatment for chronic pain. The clinical documentation submitted for review indicates the patient had pain of 5/10. Additionally, it indicated the patient had 1 year in-between office visits. However, there was lack of documentation indicating the patient trialed and failed lower levels of medications and whether this was the first opiate the patient had been prescribed. This request was concurrently being reviewed with a request for Voltaren, an NSAID. Given the above and the lack of documentation of failure of a lower level of medication, the request for Norco 10/325 mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 & 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute pain. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. There was lack of documentation indicating a necessity for 90 tablets as treatment is not supported for more than 3 weeks. There was a lack of documentation indicating if this was the patient's first prescription for this type of medication as the patient had not been seen during the past year. Additionally, this medication is being concurrently reviewed with a topical form of the medication. There was a lack of documentation indicating a necessity for two forms of the same medication. Given the above, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 67.

Decision rationale: California MTUS Guidelines indicate NSAIDs are recommended at the lowest dosage for the shortest time period in patients with moderate to severe pain and there should be an initial trial of acetaminophen for patient with mild to moderate pain. The clinical documentation submitted for review indicated the patient's pain level was 5/10. However, there is lack of documentation indicating the patient trialed over-the-counter NSAIDs. Given the above, the request for Voltaren 100 mg #60 is not medically necessary.

Theraflex 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Section, Topical Analgesics Section, and Cyclobenzaprine Section Page(s): 72, 111,.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. There was lack of documentation indicating necessity for 2 forms of Cyclobenzaprine as oral cyclobenzaprine was being concurrently reviewed. Additionally, there was lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants. Given the above, the request for Theraflex 180 mg #1 is not medically necessary.

Bio-Therm pain relieving lotion 4oz #1: 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 Section, and Topical Salicylates Section Page(s): 111, 105.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review indicated the patient had chronic pain. However, there is a lack of documentation that the patient had trialed and failed antidepressants and anticonvulsants. Given the above, the request for Biotherm pain-relieving lotion 4 ounces #1 is not medically necessary.