

Case Number:	CM14-0016264		
Date Assigned:	04/11/2014	Date of Injury:	11/20/2006
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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, Pulmonary Diseases 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 59-year-old female who reported an injury on 11/20/2006. The mechanism of injury was not provided. The medication history included opiates, Prilosec and Flexeril as of 09/25/2013. The documentation of 11/08/2013 revealed that the injured worker underwent a right total knee replacement, a posterior flexion contracture release and a synovectomy on that date. The documentation of 12/30/2013 revealed that the injured worker had completed 3 right knee postoperative physical therapy sessions, which helped to decrease pain, increase range of motion and increase activities of daily living. The injured worker had 90 degrees of range of motion in flexion and 0 degrees of extension. The diagnoses included status post left knee replacement, stable 2012, and status post right knee replacement, 11/08/2013. The treatment plan included physical therapy 3 times a week for 8 weeks, Flexeril, Prilosec, tramadol, Flurflex and TG Hot.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 8 WEEKS FOR TWENTY-FOUR (24) SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE GUIDELINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10; 24.

Decision rationale: The Expert Reviewer's decision rationale: The California Postsurgical Treatment Guidelines recommend 24 visits of physical therapy postoperatively for an arthroplasty. The initial treatment is 1/2 the number of the allowed visits. The clinical documentation submitted for review indicated that the injured worker had utilized 3 sessions of physical therapy. There was a lack of documentation indicating the number of sessions that had been certified. The number of sessions that would be recommended would be 12 sessions with reassessment. The request as submitted was excessive and did not allow for re-evaluation. The request as submitted failed to indicate the body part that the physical therapy was to treat. Given the above, the request for physical therapy 3 times a week for 8 weeks for 24 sessions is not medically necessary.

RETROSPECTIVE FLEXERIL (CYCLOBENZAPRINE) 7.5MG, #90 DOS: 12/30/13:
Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and the recommendation is for use of less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for 3 months. There was a lack of documentation of objective functional improvement. The request was submitted for a concurrent review with a topical muscle relaxant. There was a lack of documentation indicating a necessity for two forms of a muscle relaxant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Flexeril (cyclobenzaprine) 7.5 mg #90 with a date of service of 12/30/2013 is not medically necessary.

RETROSPECTIVE PRILOSEC (OMEPRAZOLE DR) 20MG, #30, (2 BOTTLES) DOS: 12/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the injured worker had been utilizing the

medication for 3 months. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate a necessity for 2 bottles of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Prilosec (Omeprazole) DR 20 mg #30 for 2 bottles with a date of service of 12/30/2013 is not medically necessary.

RETROSPECTIVE TRAMADOL ER 150MG, #30 DOS: 12/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management Page(s): 60; 78.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective decrease in pain, an objective increase in function and documentation that the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated that the injured worker had been utilizing the medication for 3 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective tramadol ER 150 mg #30 with a date of service of 12/30/2013 is not medically necessary.

TGHOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Gabapentin, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 82, 11. Decision based on Non-MTUS Citation FDA.gov

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended... thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. California MTUS Guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to

indicate that the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating that the injured worker had not responded to or was intolerant to other treatments. The request as submitted failed to indicate the quantity, strength and frequency for the requested medication. The duration could not be established with the supplied documentation. Given the above, the request for TGHOT is not medically necessary.

FLURFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The Expert Reviewer's 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. 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 relaxant 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. The clinical documentation submitted for review failed to indicate that the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating that the injured worker had osteoarthritis to support the use of flurbiprofen. There was a lack of documentation indicating the necessity for both a topical and oral form of a muscle relaxant. The request as submitted failed to indicate the frequency, quantity and strength of the medication being requested. There was a lack of documentation indicating that the duration of use could not be established through the supplied documentation. Given the above, the request for Flurflex is not medically necessary.