

Case Number:	CM14-0019006		
Date Assigned:	04/23/2014	Date of Injury:	11/24/2009
Decision Date:	07/03/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational 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 45 year-old male who has filed a claim for medial meniscus tear of the left knee associated with an industrial injury date of November 24, 2009. Review of progress notes reports stiffness and aching of the left knee. Findings include medial joint line tenderness of the left knee with a positive McMurray's sign. MR arthrogram of the left knee dated November 04, 2013 showed a tear of the medial meniscus. Patient was scheduled to undergo arthroscopy of the left knee on February 10, 2014. Treatment to date has included NSAIDs, opioids, muscle relaxants, physical therapy, injections, bracing, right knee surgeries in July 2010 and December 2012, and left knee surgery in September 2012. Utilization review from January 22, 2014 denied the request for Dyotin SR 250/10mg #60; theraflex transdermal cream 180mg; keratek gel 40z; and midazolam/melatonin 10/3mg #30. Reasons for denial were not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYOTIN SR 250MG/10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neurontin, Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. There is no documentation of neuropathic pain in this patient. Therefore, the request for Dyotin SR 250mg/10mg #60 was not medically necessary.

THERAFLEX TRANSDERMAL CREAM 180MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Theraflex cream contains flurbiprofen and cyclobenzaprine. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. In this case, the noted compound medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Theraflex transdermal cream 180 mg was not medically necessary.

KERATEK GEL 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: An online search indicates that Keratek contains menthol and methyl salicylate. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS Chronic Pain Medical Treatment Guidelines states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no clear indication to support the necessity of a topical salicylate. The patient has been scheduled to undergo left knee surgery with post-operative physical therapy. Patient has also been given oral medications for the pain symptoms. There is no indication that these treatment modalities are inadequate at this time. Therefore, the request for keratek gel 4oz. was not medically necessary.

MIDAZOLAMN/MELATONIN 10/3MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Melatonin.

Decision rationale: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. According to ODG, melatonin is recommended for insomnia treatment. Repeated administration improves sleep and may reduce anxiety. There are also data supporting an analgesic role of melatonin in a dose-dependent manner. In this case, there is no documentation regarding sleep difficulties in this patient. There is no clear indication for use of a sedative as patient does not exhibit anxiety. Therefore, the request for midazolam/melatonin 10/3mg #30 was not medically necessary.