

Case Number:	CM14-0123168		
Date Assigned:	08/08/2014	Date of Injury:	01/02/2013
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury to the right hand and knee on 01/02/13. An MRI of the right wrist on 09/04/13 showed findings of mild degenerative changes with a small dorsal radiocarpal ligament tear and mild distal ulnar subluxation. She underwent excision of a right wrist dorsal ganglion cyst on 01/07/14. She received postoperative physical therapy. As of 02/06/14 she was having difficulty performing activities of daily living. She had decreased range of motion and decreased strength. She was noted to be right-hand dominant. In postoperative follow-up on 02/26/14, she had worsening symptoms. Pain was rated at 7/10. She had completed physical therapy. She had ongoing weakness, swelling, and stiffness. She was returned to restricted work. An MRI of the right knee on 04/23/14 showed findings of medial meniscus degeneration and chondromalacia with a small joint effusion. She was seen on 05/07/14 with ongoing knee pain. She was doing poorly and had instability. An MRI of the right knee had shown patellofemoral misalignment. Recommendations included arthroscopy. She was seen for a pre-operative physical examination on 06/09/14. Medications were Norco 10/325 mg, cyclobenzaprine 7.5 mg, pantoprazole 20 mg, and prednisone 20 mg. On 06/17/14, the claimant underwent right knee arthroscopy with a lateral release, partial medial meniscectomy, and removal of loose bodies. In postoperative follow-up on 06/25/14, she was having ongoing swelling with mild sharp pain. Physical examination findings included medial joint tenderness. She was noted to ambulate using a walker. Flurbiprofen/Cyclo/Menthol 20%/10% 14% cream and Keratek Gel were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of UDS (urine drug screen) DOC 6/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Pre-operative medication included Norco that does not appear to be an actively prescribed medication by the requesting provider. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, when seen on 06/25/14 Flurbiprofen/Cyclo/Menthol 20%/10% 14% cream and Keratek Gel were prescribed and there is no reference to planned use of opioid medication. Although Norco had been prescribed previously, there are no identified issues of abuse, addiction, or poor pain control. Therefore, urine drug screening was not medically necessary.

Retrospective review of Flurbiprofen/ cyco/ ment cream 180GM DOS 6/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60,111-113.

Decision rationale: Flurbiprofen/Cyclobenzaprine/Menthol cream (Theraflex) is a compounded topical medication. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Authorization for Keratek was also requested and this topical medication also contains menthol that would be duplicative. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the retrospective request for Flurbiprofen/Cyclobenzaprine/Menthol cream 180gm (DOS: 6/25/14) is not medically necessary and appropriate.

Retrospective review of Keratek gel 4 oz DOS 6/25/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60,111-113.

Decision rationale: The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Authorization for Theraflex was also requested and this topical medication also contains menthol that would be duplicative. Therefore, the Keratek gel was not medically necessary.