MAXIMUS Federal Services

Case Number:	CM14-0126484		
Date Assigned:	08/13/2014	Date of Injury:	10/16/2007
Decision Date:	09/25/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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:

Patient is a 67-year-old male who has submitted a claim for carpal tunnel syndrome, right shoulder bursitis, right knee synovitis, and right knee chondromalacia associated with an industrial injury date of 10/16/2007.Medical records from 2009 to 2014 were reviewed. Patient complained of right upper extremity pain and right knee pain, rated 4-8/10 in severity. Physical examination of the right shoulder showed restricted range of motion and weakness of muscles graded 4/5. Sensation was intact. Range of motion of the right knee was measured at 0 to 120 degrees. Tenderness, crepitus, minimal effusion, positive McMurray test, with locking and clicking upon motion were noted. Muscle strength of quadriceps was rated 5-/5. Lachman's test, anterior drawer test, and posterior drawer test were negative. Knee was stable to varus and valgus stress test at 30 degrees. Gait was mildly antalgic. MRI of the right knee showed severe degenerative joint disease. The request for a knee brace is to provide knee stabilization.Treatment to date has included cortisone injection, physical therapy, and medications.Utilization review from 7/12/2014 denied the prospective request for 1 Prescription of topical compound cream Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% 210grams, quantity 1 because of lack of published studies concerning its efficacy and safety; and denied prospective request for right knee brace because patient did not present with knee instability to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Prescription of topical compound cream Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% 210grams, quantity 1: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Dextromethorphan is not addressed in the guidelines. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains amitriptyline, dextromethorphan, and gabapentin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for 1 Prescription of topical compound cream Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% 210grams, quantity 1 is not medically necessary.

Prospective request for right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, criteria for use prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, patient complained of right knee pain corroborated by tenderness, crepitus, minimal effusion, and positive McMurray test, with locking and clicking upon motion. Range of motion of was measured at 0 to 120 degrees. Lachman's test, anterior drawer test, and posterior drawer test were negative. Knee was stable to varus and valgus stress test at 30 degrees. MRI of the right knee showed severe degenerative joint disease. The request for a knee brace is

to provide knee stabilization. The medical necessity for use of prefabricated knee brace has been established. However, there was no discussion stating that the knee brace will be used in conjunction with a rehabilitation program, which is a part of guidelines recommendation. Therefore, the request for Right knee brace is not medically necessary.