

Case Number:	CM14-0177418		
Date Assigned:	10/30/2014	Date of Injury:	09/19/2012
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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:

This is a 60-year-old male with a 9/19/12 date of injury. The mechanism of injury occurred when he stepped onto a man hole cover awkwardly and twisted his left ankle and left knee and felt a crack on the left knee. According to the most recent progress report provided for review, dated 6/23/14, the patient rated his left knee and ankle pain at 7/10 on a pain scale of 1 to 10. He noted improvement with medications, creams, massage, and swimming. Objective findings: limited range of motion of left knee, positive patellofemoral grind test, limited range of motion of left ankle, tenderness noted over the anterior aspect of the ankle. Diagnostic impression: chronic left ankle sprain, left knee arthritis, status post left total knee replacement. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/8/14 modified the request for Tylenol No. 3 to certify 90 tablets for weaning purposes and denied the request for Flurbiprofen/Cyclobenzaprine/Menthol cream. Regarding Tylenol #3, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. In addition, there has not been recent provided evidence of screening exams for misuse. Regarding Flurbiprofen, NSAIDS are recommended for only short-term use. No exceptional circumstances were evident in this case. Regarding Cyclobenzaprine, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication and it is not indicated for long-term use. Regarding Menthol cream, topical medications have not been adequately proven with regards to overall efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tylenol No. 3 #90 is not medically necessary.

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Durgs), Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the 10/9/14 application for independent medical review, it is noted that this is a request for a topical compounded medication containing flurbiprofen, cyclobenzaprine, and Methoderm. Guidelines do not support the use of the NSAID, flurbiprofen, in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the 10/9/14 application for independent medical review, it is noted that this is a request for a topical compounded medication containing flurbiprofen, cyclobenzaprine, and Methoderm. Guidelines do not support the use of cyclobenzaprine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cyclobenzaprine is not medically necessary.

Menthol cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, in the 10/9/14 application for independent medical review, it is noted that this is a request for a topical compounded medication containing flurbiprofen, cyclobenzaprine, and Methoderm. Guidelines do not support the use of the NSAID, flurbiprofen and cyclobenzaprine in a topical formulation. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Menthol cream 180gram is not medically necessary.