MAXIMUS Federal Services

Case Number:	CM14-0022233		
Date Assigned:	05/09/2014	Date of Injury:	06/06/2011
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Interventional Spine 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 patient is a 51-year-old male with date of injury of 06/06/2011. Per treating physician's report, 01/06/2014, this patient presents with persistent right knee pain with stiffness, swelling, and limited range of motion. The patient has some headaches, dizziness, neck pain, left shoulder pain that radiates down the left hand and to the right elbow and right shoulder. The patient has low back pain, bilateral hip pain, groin, pelvis, and abdomen pain as well as right calf and Achilles pain. The patient has sleeping problems, anxiety, depression, high blood pressure, constipation, and sexual dysfunction. The patient is concerned about weight loss and had lost 18 pounds since surgery. X-rays of the bilateral knees and the bilateral tibia showed no increase of osteoarthritis. Listed diagnoses are 715.96 and 719.46. For treatments, recommendation is for aquatic therapy 2 times a week for 4 weeks, medical transportation, and the patient was dispensed hydrocodone/APAP, cyclobenzaprine, diclofenac, Pantoprazole, Dyotin SR , Flurbitac 100/100 capsules #60 for pain/inflammation with H2 blocker for acid prevention, TheraFlex cream for muscle spasms, Keratek gel for pain inflammation and Vicosetron 10/300/2 mg #40 for narcotic analgesic. Report from 11/12/2013, has patient's pain level at 8/10. Again, requesting authorization for aqua therapy, assess for electrical stimulation unit. There is no discussion regarding medication efficacy. A 10/10/2013 report is reviewed, the patient is seen today for right knee pain, left shoulder is painful, unable to sleep, and is depressed. Request for continued transportation, assess for electrical unit, and a mini-cycle to help give the patient mobility. There are no discussions regarding any of the medication efficacies. A 08/12/2013 report states that the patient is postoperative right knee, having constipation, stomach aches, and sexual dysfunction. The patient is status post unicompartmental arthroplasty of the right knee from 07/29/2013. Recommendation was for postoperative physical therapy. A 07/01/2013 report indicates the

patient's surgical procedure was authorized. The patient has multiple body parts complaints, has stomach aching and constipation, as well as acid reflux, and irritable bowel syndrome. The patient also suffers from depression and anxiety. The patient is being scheduled for unicompartmental arthroplasty on 07/29/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBITAC 100/100MG NUMBER SIXTY (60): Upheld

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

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

Decision rationale: This patient presents with widespread pain and the request is for Flurbitac 100/100mg number 60. The treating physician does not explain what Flurbitac contains. This topical compound may be something similar to flurbiprofen or a topical cream that contains both Flexeril and an NSAID. MTUS Guidelines do not support compounded topical cream if one of the compound is not indicated. In this case, the Flexeril or muscle relaxant contained in Flurbitac is not supported for any topical use per MTUS Guidelines. Recommendation is not medically necessary.

THERAFLEX CREAM 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Medications for Chronic Pain Page(s): 111; 60-61.

Decision rationale: This patient presents with widespread pain in both neck, low back, upper and lower extremities, shoulders, and knees. The patient recently underwent right unicompartmental arthroplasty. The request is for TheraFlex which appears to contain pain relief cream namely topical NSAID. It is described as an anti-inflammatory pain cream. MTUS Guidelines do support topical NSAIDs for peripheral joint arthritis and tendonitis. In this case, all of the components of the "TheraFlex" is not described or known. MTUS Guidelines do not support compounded topical creams if one of the components is not recommended. Furthermore, MTUS Guidelines page 60 requires documentation of pain and function with medication use for chronic pain. In this case, despite review of the progress reports from 07/01/2013 to 01/06/2014, there is not a single mention of how this topical cream is helping this patient reduced pain. Based on the reports, one cannot tell that any of the medication prescribed are doing anything for the patient. Given the lack of documentation and possibility of TheraFlex compounded cream containing elements that are less supported by the guidelines, recommendation is not medically necessary.

KERATEK GEL 40Z: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs, Medications for Chronic Pain Page(s): 111-113; 60-61.

Decision rationale: This patient presents with widespread pain and the treating physician has prescribed Keratek, a topical NSAID product. MTUS Guidelines do not support compounded topical products if one of the components is not recommended. In this case, this active component of "Keratek" is not known and the treating physician does not explain what it contains. The treating physician also does not explain why this topical compound is prescribed and for which body part. The patient is already on systemic anti-inflammatory namely Voltaren. There is no evidence that both systemic and topical NSAIDs are effective in controlling chronic pain. Although topical NSAIDs are supported by MTUS Guidelines for short-term use to address peripheral joint arthritis and tendonitis, in this case, there is no evidence that both topical and oral intake of NSAIDs are beneficial. Furthermore, page 60 of MTUS Guidelines requires documentation of pain and function when medication is used for chronic pain. In this case, review of the reports from 07/01/2013 to 01/06/2014 does not discuss any significant benefit in terms of pain and function with the use of Keratek. Recommendation is not medically necessary.

VICOSETRON 10/300/2MG NUMBER FORTY (40): 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 Page(s): 60-61; 76-80.

Decision rationale: This patient presents with chronic widespread pain. The patient is recently status post right knee partial replacement. The request is for Vicosetron, which contains an opiate along with other medications. The treating physician does not explain what Vicosetron contains and searching the internet does not yield anything under Vicosetron. MTUS Guidelines requires careful documentation of pain and function when opiates are used for chronic pain. MTUS Guidelines page 78 require documentation of four A's including analgesia, ADLs, adverse effects, and aberrant drug-seeking behaviors. It also requires documentation of "pain assessments." In this case, despite review of reports from 07/01/2013 to 01/06/2014, there is not a single report that discuss efficacy of this medication. There are no before and after pain scales provided. The treating physician simply states the patient has ongoing pain, and in one of the reports, pain is rated at 8/10. There are no functional measures provided demonstrating the efficacy of this particular medication. Recommendation is not medically necessary.