

Case Number:	CM14-0031393		
Date Assigned:	06/20/2014	Date of Injury:	09/19/1996
Decision Date:	07/25/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 69 year-old with a date of injury of 09/19/96. A progress report associated with the request for services, dated 01/15/14, identified subjective complaints of neck and back pain as well as pain in both knees. Objective findings included tenderness to palpation of the cervical and lumbar paraspinals as well as both knees. Reflexes were normal. Diagnoses included bilateral knee chondromalacia; lumbar disc disease; cervical disc disease; and a history of knee arthroscopies. Treatment has included muscle relaxants, NSAIDs and glucosamine. A Utilization Review determination was rendered on 02/18/14 recommending non-certification of Cartivisc 500/200/150 mg every 8 hours #90 with three refills; Robaxin 750 mg TID #90 with three refills; and Gabaketolido (gabapentin 6%, ketoprofen 20%, lidocaine 6.15%) cream 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cartivisc 500/200/150 mg every 8 hours #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines glucosamine and chondroitin sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: Cartivisc contains glucosamine sulfate (GS), chondroitin sulfate, and methylsulfonylmethane (MSM). Glucosamine is a compound found in cartilage. The Medical Treatment Utilization Schedule (MTUS) Guidelines state that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain. They note that studies have demonstrated highly significant efficacy for the crystalline form of glucosamine sulfate on all outcomes including pain and joint space narrowing. The greatest value has been demonstrated in arthritis of the knee. However, they note that studies have indicated that the effect of the combination of GS and chondroitin sulfate may be less than the effect of each treatment singly. The Guidelines do not address MSM. As noted in the recommendations, there is evidence for the use of glucosamine. However, the combination of glucosamine and chondroitin is less effective than singly, and there is little evidence for methylsulfonylmethane. Therefore, there is no documented medical necessity for Cartivisc.

Robaxin 750 mg TID #90 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Robaxin (methocarbamol) is an antispasmodic muscle relaxant whose mechanism of action is unknown. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond Nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The record does not show any indications for methocarbamol beyond a short course. Likewise, it is being used in combination with other agents; particularly NSAIDs for which no additional benefit has been shown. Therefore, in this case, the medical record does not document the medical necessity for Robaxin.

Gabaketolido (gabapentin 6%, ketoprofen 20%, lidocaine 6.15%) cream 240 grams:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Topical Analgesics.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen

10% is an Nonsteroidal anti-inflammatory drugs (NSAID) being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only foodand Drug Administration (FDA) approved topical NSAID is diclofenac. Ketoprofen is not approved and ... has an extremely high incidence of photocontact dermatitis and photosensitization reactions. Gabapentin is an anti-epilepsy drug. The MTUS Guidelines state that gabapentin is: Not recommended. There is no peer-reviewed literature to support use. The Guidelines further state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, there is no documented medical necessity for the addition of gabapentin in the topical formulation for this patient. Lidocaine is a topical anesthetic. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. The Guidelines further state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation.