

Case Number:	CM14-0076236		
Date Assigned:	07/16/2014	Date of Injury:	01/18/2012
Decision Date:	09/03/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/24/2014

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 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:

The patient is a 44 year old male with date of injury 1/18/2012. The mechanism of injury is stated as tripping and falling onto the knees. The patient has complained of bilateral knee pain since the date of injury. He has been treated with arthroscopic surgery on both knees, physical therapy, Synvisc injections to the left knee and medications. There are no radiographic data included for review. Objective findings include: antalgic gait, decreased and painful range of motion of the right knee, decreased and painful range of motion of the left knee, and a positive McMurray's test of the left knee. Diagnoses include: status post right and left knee arthroscopy and bilateral knee degenerative joint disease. Treatment plan and request is to refill Flexeril, Topical compound cream (Flurbiprofen 20%/ Tramadol 20% in base) and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg tablet, one tablet PO three times per day PRN for muscle spasm #90:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics page 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 44 year old male has complained of bilateral knee pain since date of injury 1/18/2012. He has been treated with arthroscopic surgery on both knees, physical therapy, Synvisc injections to the left knee. The individual was prescribed with Flexeril for at least a 4 week duration. Per MTUS guidelines cited above, "treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended." Per MTUS guidelines, Cyclobenzaprine is not considered medically necessary for this patient.

Topical compound cream (Flurbiprofen 20%, Tramadol 20% in base) 210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/24547601>.

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

Decision rationale: This 44 year old male has complained of bilateral knee pain since date of injury 1/18/2012. He has been treated with arthroscopic surgery on both knees, physical therapy, Synvisc injections to the left knee and medications. The current request is for Topical compound cream (Flurbiprofen 20%/ Tramadol 20% in base). Per the MTUS guidelines cited above, "the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed." There is no such documentation in the available medical records. Therefore, the request for a Topical compound cream is not indicated as medically necessary.

Norco 10/325 mg/tab, one tablet PO three times per day PRN for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 44 year old male has complained of bilateral knee pain since date of injury 1/18/2012. He has been treated with arthroscopic surgery on both knees, physical therapy, synvisc injections to the left knee and medications to include opioids since 12/2013. There were no reports by the treating Physician that adequately assess the patient with respect to function, specific benefit, return to work status, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.