

Case Number:	CM14-0077435		
Date Assigned:	07/18/2014	Date of Injury:	12/14/2009
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/27/2014

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 Occupational Medicine 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:

The patient is a 54-year-old male who has submitted a claim for right knee cruciate ligament sprain/strain, right knee internal derangement, right knee medial meniscus tear, and right knee sprain/strain associated with an industrial injury date of 12/14/2009. The medical records from 01/03/2014 to 04/29/2014 were reviewed and showed that patient complained of severe, dull, achy sharp right knee pain (pain scale grade not specified) which was aggravated by sitting, standing, and walking. The physical examination revealed multiple WHSS at the right knee, decreased range of motion was noted, tenderness over the anterior, medial, lateral, and posterior knee was noted and a positive McMurray's test was positive. An MRI of the right knee dated 08/23/2013 revealed status post replacement of anterior cruciate ligament, type III abnormality of posterior horn of medial meniscus, and partial tear of the posterior horn of posterior cruciate ligament. The treatment to date has included right knee ACL surgery (2011) acupuncture, physical therapy, Condrolite 500/200/150mg, Cyclobenzaprine 7.5mg #60, Naproxen 550mg #60, Omeprazole 20mg #60, Gabapentin, Dextromethorphan, Amitriptyline in mediderm base 240grams and Gabapentin/Flurbiprofen 240mg. The utilization review dated 05/06/2014 denied the request for Cyclobenzaprine 7.5mg #60 because the patient currently does not have acute myospasm. Utilization review dated 05/06/2014 denied the request for Naproxen 550mg #60 because the claimant does not have acute pain. Utilization review dated 05/06/2014 denied the request for Omeprazole 20mg #60 because there were no clinical indications for Omeprazole therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenazeprine 7.5mg, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to page 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient was prescribed Cyclobenzaprine 7.5mg #60 since 03/12/2014. Recent physical exam findings did not reveal presence of myospasm. There was no documentation concerning functional outcome from Cyclobenzaprine use. The long-term use of Cyclobenzaprine is not in conjunction with guidelines recommendation. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Naproxen 550mg, #60.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Naproxen 550mg #60 since 03/12/2014. There was no documentation concerning functional outcome from Naproxen use. The long-term use of Naproxen is not in conjunction with guidelines recommendation for NSAID use. Therefore, the request for Naproxen 550mg #60 is not medically necessary.

Omeprazole 20mg, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Omeprazole 20mg #60 since 03/12/2014. There was no documentation of intolerance to oral medications or gastrointestinal disturbances. The patient does not meet the criteria for those at intermediate risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

Compound of flurbiprofen, tramadol in a mediderm base, 240 grams.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylates, Topical.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Regarding Flurbiprofen, the California MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. The topical formulation of Tramadol does not show consistent efficacy; thus, it is not supported by the guidelines. Mediderm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the menthol and capsaicin components, the California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain capsaicin, menthol, and methyl salicylate may in rare instances cause serious burns. Regarding the capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, the patient was prescribed Flurbiprofen, Tramadol in a mediderm base, 240 grams since 03/12/2014. However, the compounded cream contains Flurbiprofen and Tramadol which are not recommended by the guidelines for topical use. Moreover, the capsaicin component exceeds the guidelines recommendation. Therefore, the request of compound of Flurbiprofen, Tramadol in a mediderm base, 240 grams is not medically necessary.

Compound of gabapentin, Dextromethorphan, amitriptyline in mediderm base 240grams.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylates, Topical.

Decision rationale: As noted on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Guidelines provide no evidence-based recommendations regarding the use of topical Dextromethorphan. Gabapentin is not recommended for topical applications. Mediderm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the menthol and capsaicin components, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain capsaicin, menthol, and methyl salicylate may in rare instances cause serious burns. Regarding the capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. In this case, the patient was prescribed Gabapentin, Dextromethorphan, and Amitriptyline in mediderm base 240grams since 05/06/2014. The compounded cream contains Amitriptyline, Gabapentin, and Dextromethorphan which are not recommended by the guidelines. Furthermore, the capsaicin component of the compounded cream exceeds guidelines recommendation. Therefore the request for Gabapentin, Dextromethorphan, and Amitriptyline in mediderm base 240grams is not medically necessary.