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| Case Number: | CM14-0078917 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 05/24/2006 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/20/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 Pennsylvania. 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 claimant is a 50-year-old gentleman injured in a May 24, 2006, work-related accident. The records provided for review indicate multiple work-related injuries and diagnoses, including bilateral hip pain and low back complaints. A July 2, 2014, clinical report described ongoing low back, right elbow and right forearm complaints due to what the note characterizes as cumulative trauma. Underlying complaints of the left knee were present as well. Subjective complaints include moderate, consistent discomfort to the right elbow and forearm made worse with activities and lifting. The claimant reported experiencing low back complaints and radiating pain to the bilateral knees that worsened with prolonged standing and walking. The records report discernible weakness of the left knee with activities. Physical examination of the lumbar spine showed restricted range of motion with equal and symmetrical reflexes, no motor weakness, and no sensory change. The left knee was noted to have trace effusion, antalgic gait and joint line tenderness both medially and laterally. Physical examination of the right elbow showed tenderness diffusely, a positive Tinel's sign of the medial elbow and tenderness over the lateral epicondyle. The claimant was diagnosed with left knee internal derangement, lumbar spine discopathy and a right elbow strain. The records did not contain any reports of imaging or recent conservative care. This request is for the continued use of: hydrocodone; a compound cream containing capsaicin and other agents; and a compound cream containing cyclobenzaprine and flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Codeine 300, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of hydrocodone. The reviewed records do not reference acute clinical findings, for which short-acting analgesics would be appropriate, or significant benefit or advancement of functional activities with use of such agents. Per Chronic Pain Guidelines, discontinuation of medications should commence if there is no overall improvement in function unless there are extenuating circumstances. Due to the absence of acute findings or documented benefit, the request for continued use of this short-acting analgesic would not be medically necessary.

Chondroitin 500/200/150, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide Page(s): 82-88.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of Chondroitin (glucosamine). Under the Chronic Pain Guidelines criteria, glucosamine can be recommended as an option for the management of moderate arthritic pain, especially in the knee, given its low risk. In this case, the records reference a diagnosis of internal derangement to the knee, not underlying degenerative arthritis. There are no imaging reports to determine pathology in the knee related to the claimant's symptoms. Based on the absence of documentation of a diagnosis of osteoarthritis, the request for continued use of glucosamine for knee pain would not be indicated as medically necessary.

Compound Cream: Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide Page(s): 82-88.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, a compounded agent containing Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor would not be indicated. In regard to topical compounded agents, Chronic Pain Guidelines indicate that

if any one agent is not supported the agent as a whole is not supported. Chronic Pain Guidelines indicate that topical agents are also largely experimental in their use with few randomized clinical trials demonstrating their efficacy or safety. In this specific instance, the role of Capsaicin would not be indicated. Capsaicin is only recommended as an option in individuals who have not responded to or are intolerant of other forms of treatment. Chronic Pain Guidelines also clearly indicate that the use of Capsaicin is typically not recommended in chronic axial complaints to the low back or neck. The records in this case would fail to support the role of this topical agent in this individual with underlying chronic low back related complaints. This request for a compound that includes Capsaicin would, therefore, not be medically indicated.

Compound Cream: Cyclobenzaprine 2%, Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guide Page(s): 82-88.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the use of a topical compound containing cyclobenzaprine and flurbiprofen. Chronic Pain Guidelines hold that there is no clinical evidence supporting the topical use of muscle relaxants. This request for a compound that includes the muscle relaxant cyclobenzaprine would, therefore, not be medically indicated.