

Case Number:	CM14-0086190		
Date Assigned:	08/08/2014	Date of Injury:	12/11/2013
Decision Date:	10/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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, and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 41-year-old male who reported an injury on 12/11/2013. The mechanism of injury was not submitted for clinical review. Diagnoses included right knee lateral meniscal tear, right knee pain, and right knee sprain/strain. Previous treatments included medication and knee brace. Within the clinical note dated 05/29/2014, it was reported the injured worker complained of intermittent dull, achy, sharp right knee pain and weakness. He rated his pain 7/10 in severity. On physical examination, the provider noted the injured worker had a mild limp present at the right knee. Range of motion was noted to be flexion at 130 degrees and extension at 0 degrees. There was tenderness to palpation of the anterior knee, medial knee, and posterior knee. The injured worker had a positive McMurray sign bilaterally. The request subsequent was for Capsaicin, Flurbiprofen, Tramadol, Naproxen, Protonix, Flexeril, and Sonata. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 10mg, 240gm: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% 10 mg #240 g, is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Capsaicin is only recommended as an option in patients who reported an injury on has not responded or is intolerant to other medications. Tramadol is noted to be a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine02%: 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 NSIADs Page(s): 41, 72, 111-112.

Decision rationale: The request for Flurbiprofen 15% and Cyclobenzaprine 2% is not medically necessary. The California MTUS Guidelines note Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. Cyclobenzaprine is recommended as an option using a short course of therapy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide the treatment site of medication. Therefore, the request is not medically necessary.

Tramadol- L Carnitine 40/125mg #90: 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 Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol, L-Carnitine 40/125 mg #90 is not medically necessary. The California MTUS Guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen in patient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the

frequency of the medication. The urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Naproxen 550 mg #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 Naproxen Page(s): 66-67.

Decision rationale: The request for naproxen 550 mg #60 is not medically necessary. The California MTUS Guidelines note that naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Protonix 20mg #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 GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Protonix are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, and the use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, and an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had the diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Flexeril 7.5 mg #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 Muscle Relaxants Page(s): 63 64.

Decision rationale: The request for Flexeril 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 05/2014, which exceeds the guidelines' recommendations of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

Sonata 10 mg # 30: Upheld

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

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

Decision rationale: The request for Sonata 10 mg #30 is not medically necessary. The Official Disability Guidelines note Sonata is for the treatment of insomnia. Sonata reduces sleep latency. There is lack of documentation indicating the injured worker is treated for insomnia. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.