

<b>Case Number:</b>	CM14-0088638		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year old female was reportedly injured on February 28, 2003. The mechanism of injury is undisclosed. The most recent progress note, dated April 8, 2014 indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated an antalgic gait, abnormal, patella tracking bilaterally, a bilateral patellar grind, and hamstring tenderness, swelling is reported, McMurray's, drawer test, Lachman's, and instability testing on the right are positive, strength and range of motion are decreased at bilaterally. Diagnostic imaging studies objectified, include conventional Xray imaging and MRI evaluation. Previous treatment includes pharmacotherapy, knee arthroscopy, Synvisc injections, bracing, ortho consultation, ambulatory devices, and an ultrasound unit for home therapy. A request was made for an intramuscular injection of B12, Duexis, and TG Hot cream and was not certified in the preauthorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective intramuscular injection of Vitamin B-12 complex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337, Chronic Pain Treatment Guidelines Does not support treatment with Vitamin B-12 in the management o. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 54.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines and ODG guidelines do not address this type of injection for the diagnosis noted. Injections referenced in the guidelines for consideration of chronic knee pain include acupuncture, corticosteroid, Hyaluronic acid, PRP, prolotherapy, and autologous stem cell. The medical record does not reference the diagnosis associated with the use of this medication, nor its utility. In the absence of clinical documentation to substantiate the medical necessity of this medication or guidelines support of the intended use of this drug, this medication is not considered medically necessary.

**Duexis 800mg/26.6mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines, Chronic Pain (updated 09/10/14) - DUEXIS

**Decision rationale:** This medication is a combination drug containing Ibuprofen and Famotidine. Famotidine is an H2 blocker. While there is some guideline support for the use of the proton pump inhibitor (PPI) for individuals with GI risk, this medication is not a PPI, and there is no documentation of a gastrointestinal (GI) diagnosis or any other risk factor for adverse GI effects with the use of NSAIDs. In the absence of a diagnosis or risk factor supporting the need for GI protection, this type of combination medication would not be supported by the guidelines. Furthermore, the recommended first line therapy in the clinical setting where risk factors were present would be a medication from the PPI class, which famotidine is not. As such, this request is not medically necessary.

**TG Hot cream 8/10/2/2/0.5%, 240gm, twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant

of other treatments. There is no documentation in the records submitted indicating the employee was intolerant of other treatments or to have been nonresponsive to trials of other medications. The request for topical TG Hot is not in accordance with the MTUS guidelines. Therefore, the request for TG Hot Cream is not medically necessary.