

Case Number:	CM14-0040210		
Date Assigned:	06/27/2014	Date of Injury:	09/21/2010
Decision Date:	02/25/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old a male who sustained a work related injury on 9/21/2010. The mechanism of injury is not provided. Per the Pain Management Progress Report dated 2/04/2014, the injured worker reported dull and aching pain in both knees, more on the left, with pain rated as 8/10 using a visual analog scale and 7/10 with medications. He reports loss of sleep due to pain. The objective physical examination reports that he is in mild distress due to pain. There is tenderness to palpation on the medial and lateral knee joints bilaterally, more on the left. Patellar tracking is painful in both knees. Crepitation is noted in the patellofemoral joints and there is decreased range of motion due to end range knee pain. Diagnoses included knee internal derangement, knee joint effusion, knee joint sprain/strain, status-post right knee surgery and insomnia. The plan of care includes medication management, follow up with an orthopedist, and left knee injection and arthrogram. Magnetic resonance imaging (MRI) dated 9/26/2011 was read by the evaluating provider as degenerative arthritis in the form of medial tibiofemoral joint space reduction, osteophytes and subchondral cysts; grade I signal in anterior horn of medial meniscus and grade II signal in lateral meniscus likely due to mucoid degeneration, knee joint effusion. On 3/07/2014, Utilization Review non-certified prescriptions for Cyclobenzaprine 7.5 mg #90, Ketoprofen 20%/Lidocaine HCL 12.3%/Transderm Cream 240gm, and Omeprazole 20mg #60, based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are internal derangement knee; knee joint diffusion; knee joint sprain/strain; status post right knee surgery; and insomnia. A progress note dated September 3, 2013 indicates the injured worker was taking cyclobenzaprine 7.5 mg #90 for muscle spasm. Cyclobenzaprine is indicated for short-term (less than two weeks) use. There is no clinical documentation in the medical record to support the ongoing use (greater than one year) of Cyclobenzaprine. Additionally, the documentation does not contain objective functional improvement in association with Cyclobenzaprine use. Cyclobenzaprine is indicated for treatment of acute low back pain or exacerbations of chronic low back pain. The documentation does not contain low back symptomatology or diagnoses. Consequently, cyclobenzaprine 7.5 mg #90 is not medically necessary.

Ketoprofen 20%/Lidocaine HCL 12.3%/Transderm Cream 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen 20%, Lidocaine 12.3% transdermal cream #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials anticonvulsants antidepressants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in patch form (Lidoderm is commercially approved. No other commercially approved topical formulation of lidocaine whether cream; lotion or gel is indicated for neuropathic pain. Ketoprofen is not FDA approved. In this case, the injured workers working diagnoses are internal derangement knee; knee joint diffusion; knee joint sprain/strain; status post right knee surgery; and insomnia.

Lidocaine in cream form is not recommended. Ketoprofen is not FDA approved. Any compounded product that contains at least one drug (Lidocaine cream) that is not recommended is not recommended. Consequently, Ketoprofen 20%, Lidocaine 12.3% transdermal cream is not medically necessary.

Omeprazole 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 NSAIDs and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at-risk for certain G.I. events or cardiovascular events. These risks include, but are not limited to, a greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; and high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured workers working diagnoses are internal derangement knee; knee joint diffusion; knee joint sprain/strain; status post right knee surgery; and insomnia. There are no comorbid conditions or past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent use of aspirin or corticosteroid use. Consequently, Omeprazole 20 mg #60 is not medically necessary.