

Case Number:	CM15-0017322		
Date Assigned:	02/03/2015	Date of Injury:	03/31/2013
Decision Date:	04/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 03/31/2013. Initial complaints reported included low back and left knee injury. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, physical therapy, injections, left knee surgery, MRI of the lumbar spine, aquatic therapy, and x-rays. Currently, the injured worker complains of severe left knee pain and severe low back pain with radiation into the left leg. Recent diagnoses include L4-5 and L5-S1 left-sided herniated disc, left knee internal derangement, left knee chondromalacia patella and medial/lateral meniscus tears, and status post left knee surgery. The treatment plan includes continuation of medications, drug testing, and follow-up appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with left knee and lower back pain rated 9/10. The patient also complains that the lower back pain radiates into the left lower extremity. The patient's date of injury is 03/31/13. Patient is status post unspecified left knee arthroscopic surgery at an unknown date. The request is for flexeril 10mg #60. The RFA is dated 11/17/14. Physical examination dated 11/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms, positive straight leg raise test bilaterally at 50 degrees, and decreased sensation along the L4 and L5 dermatomes bilaterally. Left knee examination reveals well-healed surgical portals, mild lateralization of the patella with chonromalacia, slight popliteal fullness, and residual stress and joint line tenderness on carus-valgus stress test. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, treater has specified an excessive duration of therapy. There is no documentation that this patient has received this medication to date. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Flurbiprofen/Baclofen/Cyclobenzaprine 20/2/2% 120gm cream: Upheld

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

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

Decision rationale: The patient presents with left knee and lower back pain rated 9/10. The patient also complains that the lower back pain radiates into the left lower extremity. The patient's date of injury is 03/31/13. Patient is status post unspecified left knee arthroscopic surgery at an unknown date. The request is for Flurbiprofen/Baclofen/Cyclobenzaprine 20/2/2% 120 GM CREAM. The RFA is dated 11/17/14. Physical examination dated 11/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms, positive straight leg raise test bilaterally at 50 degrees, and decreased sensation along the L4 and L5 dermatomes bilaterally. Left knee examination reveals well-healed surgical portals, mild lateralization of the patella with chonromalacia, slight popliteal fullness, and residual stress and joint line tenderness on carus-valgus stress test. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental

in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Flurbiprofen, Baclofen, Cyclobenzaprine, the requested cream contains ingredients which are not supported by guidelines as topical agents. Baclofen and Cyclobenzaprine are not supported as topical agents. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Ketoprofen/Gabapentin/Gabapentin/Diclofenac/Lidocaine 15/8/5/5% 120gm cream: Upheld

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

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

Decision rationale: The patient presents with left knee and lower back pain rated 9/10. The patient also complains that the lower back pain radiates into the left lower extremity. The patient's date of injury is 03/31/13. Patient is status post unspecified left knee arthroscopic surgery at an unknown date. The request is for Ketoprofen/Gabapentin/Diclofenac/Lidocaine 15/8/5/5% 120 gm cream. The RFA is dated 11/17/14. Physical examination dated 11/17/14 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms, positive straight leg raise test bilaterally at 50 degrees, and decreased sensation along the L4 and L5 dermatomes bilaterally. Left knee examination reveals well-healed surgical portals, mild lateralization of the patella with chonromalacia, slight popliteal fullness, and residual stress and joint line tenderness on carus-valgus stress test. The patient is currently prescribed Norco. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Ketoprofen, Gabapentin, Diclofenac, and Lidocaine, the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported as a topical agent. Lidocaine is only supported in patch form. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.