MAXIMUS Federal Services

Case Number:	CM15-0019541		
Date Assigned:	02/09/2015	Date of Injury:	01/31/2013
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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, 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:

The injured worker is a 39-year-old female, with a reported date of injury of 01/31/2013. The diagnoses include left knee strain/sprain, lumbar spine strain/sprain, and cervical spine strain/sprain. Treatments have included left knee arthroscopy, partial medial meniscectomy, excision of medial plica, and synovectomy on 04/16/2014; an x-ray of thoracic spine on 02/06/2014; x-ray of the lumbar spine on 02/06/2014; x-ray of the cervical spine on 02/06/2014; oral medications; topical pain medications; and physical therapy. The medical record from which the request originates was not included in the medical records provided for review. The progress report dated 06/05/2014 indicates that the injured worker complained of left knee pain, increased pain in the lumbar spine, and neck pain with associated headache. The objective findings included left knee range of motion from 0-90 degrees; tenderness to palpation over the medial joint line with bruising on the medial knee; decreased lordosis of the lumbar spine; positive straight leg raise test; tightness and spasm of the lumbar paraspinal musculature; lumbar flexion at 60 degrees; and lumbar extension at 20 degrees. The treating physician requested Motrin 800mg, Flector patches, and Topical creams. On 01/02/2015, Utilization Review (UR) denied the request for Motrin 800mg, Flector patches, and Topical creams, noting that Flector is indicated for acute injures; the active ingredients in the topical creams were not specified; and Motrin had not resulted in any functional improvement. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses from a June 2014 QME are status post operative arthroscopy left knee; myofascial sprain/strain cervical spine; myofascial sprain/strain lumbar spine; status post right ankle sprain, resolved; and history of depression and anxiety and headache. The date of injury is January 31, 2013. The injured worker was taking Tylenol up until October 23, 2014. According to the progress note dated October 23, 2014, the injured worker complains of left knee pain. There were no diagnoses listed in this progress note. On October 23, 2014 the treating physician wrote Motrin 800 mg, Flector patches and topical creams (no specific cream was noted). There was no subsequent documentation to gauge objective functional improvement. There was urine drug screens in the medical record that were consistent, however, the injured worker was taking only Tylenol at that time. Consequently, absent clinical documentation with objective functional improvement, Motrin 800 mg is not medically necessary.

Flector Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

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, Flector patch 1.3% Q 12 H #30 with four refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses from a June 2014 QME are status post operative arthroscopy left knee; myofascial sprain/strain cervical spine; myofascial sprain/strain lumbar spine; status post right ankle sprain, resolved; and

history of depression and anxiety and headache. The date of injury is January 31, 2013. The injured worker was taking Tylenol up until October 23, 2014. According to the progress note dated October 23, 2014, the injured worker complains of left knee pain. There were no diagnoses listed in this progress note. On October 23, 2014 the treating physician wrote Motrin 800 mg, Flector patches and topical creams (no specific cream was noted). There was no subsequent documentation to gauge objective functional improvement. There was no documentation of acute sprain, strain or contusion in the medical record. There were urine drug screens in the medical record that were consistent, however, the injured worker was taking only Tylenol at that time. Consequently, absent clinical documentation with objective functional improvement, Flector patch is not medically necessary.

Topical Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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, Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses from a June 2014 QME are status post operative arthroscopy left knee; myofascial sprain/strain cervical spine; myofascial sprain/strain lumbar spine; status post right ankle sprain, resolved; and history of depression and anxiety and headache. The date of injury is January 31, 2013. The injured worker was taking Tylenol up until October 23, 2014. According to the progress note dated October 23, 2014, the injured worker complains of left knee pain. There were no diagnoses listed in this progress note. On October 23, 2014 the treating physician wrote Motrin 800 mg, Flector patches and topical creams (no specific cream was noted). There was no subsequent documentation to gauge objective functional improvement. There were urine drug screens in the medical record that were consistent, however, the injured worker was taking only Tylenol at that time. There was no documentation of a specific topical analgesic. Additionally, without knowing the specific topical analgesic requested it is difficult to determine whether or not there is a clinical indication for that specific topical agent. Consequently, absent clinical documentation with objective functional improvement, topical analgesics are not medically necessary.