

Case Number:	CM15-0149682		
Date Assigned:	08/25/2015	Date of Injury:	01/19/2012
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male who sustained a work related injury January 19, 2012. Past history included hypertension, left ventricular hypertrophy, hyperlipidemia, anemia, arthroscopic surgery right knee October 2014, and cervical fusion, 2012. A report of an MRI of the cervical spine dated May 30, 2012, is present in the medical record. An MRI of the left knee performed May 30, 2012, (report present in the medical record) revealed joint fluid, grade III tear of the posterior horn of the medial meniscus. A pain management consultation, dated October 31, 2014, found the injured worker presenting with complaints of right knee pain for the past two years, rated 7 out of 10. The pain increases climbing the stairs and standing and decreases with heat and ice. He reports neck pain for the past five years rated 5 out of 10 with radiation down to his right upper extremity which increases with turning his head and movement. This evaluation is performed while he is in the hospital pending a right knee arthroscopy, for the purpose of managing post-operative pain. Diagnoses are right knee osteoarthritis, internal derangement; cervical degenerative disc disease; spondylosis, possible radiculopathy. At issue is a request for authorization for Capsaicin-Flurbiprofen-PCCA Lipoderm and Hyaluronic acid-Lidocaine, date of service December 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin/Flurbiprofen/Pcca Lipoderm (DOS 12/31/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Capsaicin, topical, p28 (3) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in January 2012 and underwent eight cervical spine fusion in January 2012 with revision surgery in November 2012, arthroscopic left knee surgery in November 2012, and arthroscopic right knee surgery in October 2014. Right knee arthroscopy was done for internal derangement. His past medical history includes hypertension, hyperlipidemia, anemia, and left ventricular hypertrophy. In October 2014, medications being prescribed included Diclofenac and omeprazole. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication was not medically necessary.

Hyaluronic acid/Lidocaine (DOS 12/31/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compounded medications <http://www.odg-twc.com/odgtwc/pain.htm#Topicalanalgesics>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Hyaluronic acid injections.

Decision rationale: The claimant sustained a work injury in January 2012 and underwent eight cervical spine fusion in January 2012 with revision surgery in November 2012, arthroscopic left knee surgery in November 2012, and arthroscopic right knee surgery in October 2014. Right knee arthroscopy was done for internal derangement. His past medical history includes hypertension, hyperlipidemia, anemia, and left ventricular hypertrophy. In October 2014, medications being prescribed included Diclofenac and omeprazole. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic

availability that could be considered. The requested compounded medication was not medically necessary. (1) Medications for chronic pain, p60 (2) Capsaicin, topical, p28 (3) Topical Analgesics, p111-113 Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis. Criteria include an inadequate response to conservative non-pharmacologic (e.g., exercise) and pharmacologic treatments or intolerance of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications) after at least 3 months, documented symptomatic severe osteoarthritis of the knee, pain that interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and a failure to adequately respond to aspiration and injection of intra-articular steroids. In this case, there is no diagnosis of severe osteoarthritis with documented x-ray findings or failure of conservative treatments following the arthroscopy that was performed. The requested series of injections was not medically necessary.