

Case Number:	CM15-0161879		
Date Assigned:	08/27/2015	Date of Injury:	09/05/2013
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 50 year old female, who sustained an industrial injury on 09-05-2013. The injured worker is currently permanent and stationary and able to return to modified work. Current diagnoses include pain in leg joint, leg osteoarthritis, and meniscus tear of the right knee status post reconstructive surgery. Treatment and diagnostics to date has included right knee surgery, physical therapy, cortisone injection, and medications. Current medications include Percocet, Orphenadrine-Caffeine, Gabapentin-Pyridoxine, Omeprazole-Flurbiprofen, Flurbiprofen-Cyclobenzaprine-Menthol cream, Keratek gel, and Mometasone-Doxepin cream. Urine drug screen dated 01-17-2015 showed inconsistent results and right knee MRI dated 11-11-2013 showed tricompartmental osteoarthritis and a complex tear of the lateral meniscus. In a progress note dated 07-08-2015, the injured worker reported right knee pain which was rated a 7 out of 10 on the pain scale. Objective findings included right knee x-rays which showed no increase of osteoarthritis. The treating physician reported requesting authorization for Flurbiprofen-Cyclobenzaprine-Menthol cream, Orphenadrine-Caffeine, Gabapentin-Pyridoxine, and Mometasone-Doxepin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb 20%, Cyclo 10%, Menth 4% cream with pentravan plus: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. The requested topical analgesic compound for this patient contains Flurbiprofen, Cyclobenzaprine and Menthol. The MTUS guidelines state that Flurbiprofen, and/or muscle relaxants are not recommended for topical applications. Cyclobenzaprine is not FDA approved for use as a topical application. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Medical necessity for the requested topical analgesic compounded medication, for muscular pain, has not been established. The requested topical compound is not medically necessary.

Orphenadrine 50mg / Caffeine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule; General Instructions, page 7, Dietary supplements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orphenadrine.

Decision rationale: According to the ODG, Norflex (Orphenadrine) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, there is no documentation contraindicating the use of NSAIDs for this patient. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Gabapentin / Pyridoxine 250mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Medical Fee Schedule; General Instructions, page 7, Dietary supplements.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, B vitamins & vitamin B complex.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin) is an antiepileptic drug and also referred to as an anticonvulsant. Gabapentin 'has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain'. California MTUS is silent regarding Pyridoxine (Vitamin B6). Official Disability Guidelines (ODG) states that B vitamins are 'not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency...A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic or alcoholic).' After review of the received medical records, there is no indication that the injured worker has a diagnosis of diabetes, postherpetic neuralgia, or vitamin B6 deficiency to demonstrate a need for this particular medication. In addition, the treating physician did not provide adequate documentation of the injured worker's functional response or decreased pain from use of this medication. Therefore, based on the Guidelines and the submitted records, the request for Gabapentin-Pyridoxine is not medically necessary.

Mometasone/Doxepin 0.15% / 5% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Physician's Desk Reference, Doxepin Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical analgesic compound contains Doxepin. This medication is not FDA approved for topical use. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.