

Case Number:	CM15-0163654		
Date Assigned:	08/31/2015	Date of Injury:	01/19/2011
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 68 year old female, who sustained an industrial injury on January 19, 2011. She reported low back pain. Treatment to date has included right knee replacement, left knee injection, medication, physical therapy, acupuncture, x-rays, MRI, epidural injection, right knee arthroscopy, Synvisc injection and home health nursing post-operatively. Currently, the injured worker complains of left knee pain. The injured worker is currently diagnosed with end stage left knee osteoarthritis. Her work status is temporary total disability. A note dated February 4, 2015; states the injured worker received moderate pain relief from her medication regimen. A progress note dated February 15, 2015, states the injured worker did not receive benefit from the epidural injection. The note also states the injured worker did not experience benefit from the right knee arthroscopy, post-operative physical therapy or a Synvisc injection. The medications, Menthocassaicin pain patches 5%-0.0375% #60 and Sprix pain spray 15.75 mg #1 bottle are requested to alleviate site specific pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain patches (Menthocapsaicin 5% 0.0375%) #60: 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) Topical Analgesics, p111-113 Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132 Medications for chronic pain, p60.

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for low back and knee pain. Treatments have included a right total knee replacement and left knee injections. When seen, she was having ongoing left knee pain. Physical examination findings included decreased left knee range of motion and positive valgus stress testing. A cortisone injection was administered. Left total knee replacement surgery was requested. Medications also included Motrin 600 mg two times per day. Being requested is menthol and capsaicin in a patch formulation (Medrox). Menthol is used with methyl salicylate as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, oral ibuprofen is being prescribed. Guidelines also 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 in a non patch formulation with generic availability that could be considered. The Medrox patch was not medically necessary.

Sprix 15.75 mg (pain spray) #1 bottle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sprix (ketorolac tromethamine nasal Spray and Other Medical Treatment Guidelines Sprix prescribing information.

Decision rationale: The claimant sustained a work injury in January 2011 and continues to be treated for low back and knee pain. Treatments have included a right total knee replacement and left knee injections. When seen, she was having ongoing left knee pain. Physical examination findings included decreased left knee range of motion and positive valgus stress testing. A cortisone injection was administered. Left total knee replacement surgery was requested. Medications also included Motrin 600 mg two times per day. Sprix is ketorolac, a nonsteroidal anti-inflammatory drug, in a nasal spray formulation indicated in adult patients for the short term management of moderate to moderately severe pain that requires analgesia at the opioid level. Duration of use is up to 5 days. It is not recommended as a first-line medication for chronic pain, and in this case, there are alternative first-line treatments available. It is not medically necessary.