

Case Number:	CM15-0163673		
Date Assigned:	08/26/2015	Date of Injury:	11/11/2014
Decision Date:	09/29/2015	UR Denial Date:	08/20/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial injury on 11-11-14 when he quickly turned around with right foot planted and jammed his right knee experiencing instant pain. She currently is post-operative arthroscopic right knee surgery with intermittent pain at a level of 6 out of 10 and is ambulating fairly well. He has stopped taking the Norco. Physical exam reveals no gross deformities and two portal entry wounds that are closed, clean and dry. Medication was naproxen. Diagnoses include right knee medial and lateral meniscus tears; right knee chondromalacia and degenerative joint changes; status post right knee arthroscopic partial medial and lateral meniscectomy, synovectomy, tricompartmental chondroplasty (5-28-15); left knee arthroscopic meniscectomy with good results. Treatments to date included physical therapy; rest; activity modification; medication; right knee cortisone injection. Diagnostics include MRI of the lower extremity (12-12-14) showing complex tearing of the medial meniscal posterior horn. On 8-20-15 utilization review evaluated requests for Flexeril 7.5 mg; LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg TID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. In addition, there is no quantity information included with this request. It is unclear how long the injured worker has been taking this medication and it is recommended for short periods of treatment only. The request for Flexeril 7.5mg TID is determined to not be medically necessary.

LidoPro times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Section Topical Analgesics Section Page(s): 28, 29, 111-113.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, Lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current evidence that this increase over a 0.025% formulation would provide any further efficacy. Topical Lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical Lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines, therefore, the request for LidoPro times 2 is determined to not be medically necessary.