

Case Number:	CM15-0189229		
Date Assigned:	10/01/2015	Date of Injury:	08/31/2015
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 08-31-2015. She has reported subsequent left knee tiredness and weakness and was diagnosed with left knee strain and sprain. X-rays of the left knee were noted to show decreased joint space. Treatment to date has included oral and topical pain medication and bracing were noted to have failed to significantly relieve the pain. The only medical documentation submitted consists of a physician's first report of illness or injury dated 08-31-2015. During the 08-31-2015 visit, the injured worker reported onset of left knee symptoms for the past year that started with weakness and a tired sensation in the left knee. The injured worker did not report the symptoms and self-treated with topical creams, Ibuprofen and a knee brace. Symptoms were noted to have continued and worsened throughout the year. The injured worker reported feeling a pop in the left knee one month period when bending down. Objective examination findings revealed 110 degrees of flexion and 0 degrees of extension of the left knee, swelling, equivocal secondary to pain, varus and valgus stress, patellofemoral grind, patella-femoral crepitus, tenderness to palpation to the medial and lateral joint line. Work status was documented as modified. The physician indicated that Naprosyn and Prilosec were being prescribed and Flurbiprofen-Lidocaine-Amitriptyline cream was prescribed for joint pain and inflammation. A request for authorization of Prilosec 20 mg #30 and Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240 gm was submitted. As per the 09-15-2015 utilization review, the requests for Prilosec and Flurbiprofen were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with left knee pain. The request is for Prilosec 20 mg #30. The request for authorization is not provided. X-ray of the left knee shows decreased joint space. Physical examination of the left knee reveals decreased range of motion. Tenderness to palpation to medial joint line and lateral joint line. Knee brace for left knee is purchased, dispensed, and fitted in office. Patient's medications include Naprosyn, Prilosec, and Topical Creams. Per progress report dated 08/31/15. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low- dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. This is the initial trial prescription for Prilosec. In this case, the patient is prescribed Naprosyn, an NSAID. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are and why the patient needs to take it. Therefore, given the lack of documentation, the request is not medically necessary.

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240 gm: Upheld

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

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

Decision rationale: The patient presents with left knee pain. The request is for Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 5% 240 GM. The request for authorization is not provided. X-ray of the left knee shows decreased joint space. Physical examination of the left knee reveals decreased range of motion. Tenderness to palpation to medial joint line and lateral joint line. Knee brace for left knee is purchased, dispensed, and fitted in office. Patient's medications include Naprosyn, Prilosec, and Topical Creams. Per progress report dated 08/31/15. MTUS, Topical Analgesics section, page 111 has the following: 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... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 08/31/15, treater's reason for the request is "for joint pain and inflammation." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Additionally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request is not medically necessary.