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| Case Number: | CM15-0202255 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 04/03/2003 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46 year old female who sustained an industrial injury on 04-03-2003. A review of the medical records indicated that the injured worker is undergoing treatment for chronic left knee pain and osteoarthritis. The injured worker is status post anterior cruciate ligament repair and left knee medial meniscus surgery (no date documented). According to the treating physician's progress report on 10-08-2015, the injured worker continues to experience pain to the left knee rated as 6-7 out of 10 on the pain scale. Examination demonstrated some tenderness along the medial joint with a slight antalgic gait but with adequate dorsiflexion. Range of motion noted full extension of the left knee with some pain issues. Quadriceps strength was 5 minus out of 5 on the left and normal strength on the right. Sensation to light touch of the left knee was intact. Deep tendon reflexes were deferred. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medications were listed as Celebrex and topical analgesics. Treatment plan consists of lidocaine as a diagnostic injection (injured worker declines cortisone), continuing home exercise program, continuing full work duty without restrictions and the current request by the provider 10-12-2015 for Celebrex 200mg #60, Cyclobenzaprine and Gabapentin cream 30mg # 2 and Flurbiprofen cream 30mg, # 2. On 10-14-2015 the Utilization Review determined the requests for Celebrex 200mg #60, Cyclobenzaprine and Gabapentin cream 30mg # 2 and Flurbiprofen cream 30mg, # 2 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine and Gabapentin 30mg qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine and gabapentin 30 g #2 bottles (cream) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post arthroscopic left knee surgery #2; history ACL reconstruction and left knee medial meniscus surgery; and chronic left knee pain. Date of injury is April 3, 2003. Request for authorization is October 12, 2015. The medical record contains 29 pages and one progress note dated October 8, 2015. According to the October 8, 2015 progress note, the injured worker presents for a follow-up of ongoing knee pain. As noted above, the injured worker is status post left knee arthroscopy and ACL repair. Pain score is 7/10. Objectively, there is tenderness over the medial joint line. The injured worker ambulates with an antalgic gait. The treating provider is renewing topical analgesics and Celebrex. There was no start date for the topical analgesics or Celebrex (a single progress note is in the medical record dated October 8, 2015). There is no documentation demonstrating objective functional improvement with topical analgesic cyclobenzaprine and gabapentin, Flurbiprofen or Celebrex 200 mg. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine and gabapentin) that is not recommended is not recommended. Consequently, cyclobenzaprine and gabapentin 30 g is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, cyclobenzaprine and gabapentin 30 g #2 bottles (cream) is not medically necessary.

Flurbiprofen 30mg, qty 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 30 g, 2 bottles is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post arthroscopic left knee surgery #2; history ACL reconstruction and left knee medial meniscus surgery; and chronic left knee pain. Date of injury is April 3, 2003. Request for authorization is October 12, 2015. The medical record contains 29 pages and one progress note dated October 8, 2015. According to the October 8, 2015 progress note, the injured worker presents for a follow-up of ongoing knee pain. As noted above, the injured worker is status post left knee arthroscopy and ACL repair. Pain score is 7/10. Objectively, there is tenderness over the medial joint line. The injured worker ambulates with an antalgic gait. The treating provider is renewing topical analgesics and Celebrex. There was no start date for the topical analgesics or Celebrex (a single progress note is in the medical record dated October 8, 2015). There is no documentation demonstrating objective functional improvement with topical analgesic cyclobenzaprine and gabapentin, Flurbiprofen or Celebrex 200 mg. There is no documentation of failed first-line treatment with antidepressants or anticonvulsants. Topical Flurbiprofen is not recommended. Any compounded product that contains at least one drug (topical Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 30 g is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Flurbiprofen 30 g, two bottles is not medically necessary.

Celebrex 200mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX - two nonsteroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are status post arthroscopic left knee surgery #2; history ACL reconstruction and left knee medial meniscus surgery; and chronic left knee pain. Date of injury is April 3, 2003. Request for authorization is October 12, 2015. The medical record

contains 29 pages and one progress note dated October 8, 2015. According to the October 8, 2015 progress note, the injured worker presents for a follow-up of ongoing knee pain. As noted above, the injured worker is status post left knee arthroscopy and ACL repair. Pain score is 7/10. Objectively, there is tenderness over the medial joint line. The injured worker ambulates with an antalgic gait. The treating provider is renewing topical analgesics and Celebrex. There was no start date for the topical analgesics or Celebrex (a single progress note is in the medical record dated October 8, 2015). There is no documentation demonstrating objective functional improvement with topical analgesic cyclobenzaprine and gabapentin, Flurbiprofen or Celebrex 200 mg. There is no documentation of failed first-line (nonselective) nonsteroidal anti-inflammatory drug use. There is no clinical indication or rationale for Celebrex over other first-line, nonselective nonsteroidal anti-inflammatory drugs (i.e. Motrin, Naprosyn). There is no documentation demonstrating objective functional improvement to support ongoing Celebrex. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Celebrex and no documentation of failed first-line, nonselective nonsteroidal anti-inflammatory drugs, Celebrex 200 mg #60 is not medically necessary.