

Case Number:	CM15-0027133		
Date Assigned:	02/19/2015	Date of Injury:	06/06/2008
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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, Arizona
 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 40-year-old male who reported an injury on 06/06/2008. Prior therapies included 3 arthroscopic surgeries. The documentation of 11/07/2014 revealed the mechanism of injury was the injured worker hit his left knee on a drawer and the knee shifted immediately. The injured worker continued to have significant pain in his left knee. The pain was noted to interfere with his ability to travel some of the time and pain interfered with his ability to engage in social activities most of the time. The medications included Tylenol and Advil. The physical examination of the left knee revealed well healed surgical scars. The range of motion of the left knee was limited to approximately 100 degrees. The medial and lateral tibial plateaus and medial and lateral collateral ligaments were tender. The injured worker was noted to undergo a urine toxicology screen which was positive for opioids and oxycodone. The documentation indicated the injured worker was currently not prescribed this medication and it could be an error. The injured worker denied a history of addiction and the physician indicated he would send the urine for confirmation. The CURES reported indicated the injured worker had been receiving ketamine cream. The physician documented he replaced the ketamine with doxepin. The last opioid prescription was noted to be on 02/18/2014 and prior to that, the injured worker was noted to have multiple prescriptions for Endocet. The diagnoses included chronic left knee pain and status post 3 arthroscopic surgeries. The treatment plan included Naprosyn, gabapentin, and buprenorphine for breakthrough pain. Additionally, the injured worker was provided with capsaicin and doxepin cream for the neuropathic component of the pain of the anterior surface of the knee. It was indicated the medications were consistent with the California Medical

Treatment Utilization Schedule Guidelines. Additionally, the injured worker was provided with a prescription for a soft brace for the left knee. The subsequent documentation of 02/09/2015 revealed a Letter of Appeal. The documentation indicated the injured worker had complaints of chronic knee p. The pain increased since the prior visit. The pain was constant and its worst at the lateral aspect of the knee. The physical examination revealed a positive McMurray's, lateral greater than medial. The ligament test was difficult due to guarding and pain. The range of motion was 5 to 70 degrees with pain at end range of motion. The injured worker had patellofemoral crepitus with active range of motion. The discussion indicated, regarding the denial of capsaicin and doxepin, the California Guidelines do not recommend topical capsaicin cream in the formulation of 0.075% in injured workers with neuropathic pain who have not responded to or intolerant of other treatments, as in this case. The injured worker was using doxepin and the physician opined that the guidelines indicated topical application of doxepin hydrochloride, capsaicin, and a combination of both, produces analgesia in chronic human neuropathic pain. The injured worker's pain was 8/10. The documentation indicated the injured worker had previously trialed Advil, Tylenol, Vicodin, and naproxen without much benefit. Regarding the buprenorphine, the injured worker had benefit experiencing more frequent headaches with the medication. The injured worker had trialed conservative management, including physical therapy, a home exercise program, and a supportive brace for the knee; however, he continued to have pain. The injured worker was utilizing gabapentin for systemic relief of neuropathic pain and the use of the topical creams was to prevent the escalation of gabapentin and provided adequate relief. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream; quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Capsaicin Page(s): 111; 28.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Capsaicin: Recommended 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 indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical documentation submitted for review indicated the injured worker had neuropathic pain and had not responded to and was intolerant of other treatments. Additionally, as there have been no studies indicating that an increase over 0.025% formulation provides further efficacy, this medication would not be supported. There was a lack of documentation of objective functional improvement and an objective decrease in pain with the use of the medication. The request as submitted failed to indicate the body part to be treated and the frequency. Given the above, the request for capsaicin 0.075% cream, quantity 1 is not medically necessary.

Doxepin 3.3% 60gm; quantity 1: 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 Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: The Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to peer reviewed literature. There was a lack of documentation of exceptional factors to support the use of the topical antidepressant. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for doxepin 3.3%, 60 gm, quantity 1 is not medically necessary.

Buprenorphine 0.25mg; quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of an objective decrease in pain and an objective improvement in function with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for buprenorphine 0.25 mg, quantity 150 is not medically necessary.