MAXIMUS Federal Services

Case Number:	CM15-0033684		
Date Assigned:	03/26/2015	Date of Injury:	09/21/2010
Decision Date:	05/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on September 21, 2010. He has reported injury to the right knee and has been diagnosed with knee derangement, knee s/s, and knee effusion. Treatment has included physical therapy, medications, and acupuncture. He appears to have had arthroscopy of the right knee twice with little improvement. He is being considered for a total right knee arthroplasty. The physical examination has revealed tenderness to the lateral and medical joint lines of both knees, diminished range of motion, and crepitation bilaterally. The treatment plan included norco, gabapentin, and flubiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed chronic opioid therapy require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is pain relief and improve functionality and/or the injured worker has regained employment. In this instance, VAS scoring shows minimal pain relief as a consequence of the opioid medication. There is no discussion in the submitted medical record regarding any functional improvement or any discussion at all regarding functional status. Continued opioid treatment does not appear to be medically necessary. Therefore, Norco 10/325mg #60 is not medically necessary.

1 Gabapentin 10% Cream: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical gabapentin is not recommended for use by the guidelines. The requested compound appears to be a topical formulation of gabapentin, amitryptiline, bupivicaine, and hyaluronic acid. The guidelines state that any compound containing one non-recommended ingredient is not recommended in its entirety. Therefore, Gabapentin 10% Cream is not medically necessary.

1 Flurbiprofen 20% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The referenced guidelines state that any compound containing one non-recommended ingredient is not recommended in its entirety. The requested compound appears to also contain cyclobenzaprine, which is a muscle relaxant. Topical muscle relaxants are not recommended by the guidelines. Topical anti-inflammatories like flurbiprofen are recommended for short-term use (4-12 weeks) for osteoarthritis and tendonitis for amenable joints such as the knee. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this instance, it is probable that the requested product contains other non-recommended ingredients. If this request is for a flurbiprofen only containing product, it is noted that the injured worker has been prescribed anti-inflammatory compounds for a period of time exceeding 12 weeks. Therefore, Flurbiprofen 20% cream is not medically necessary.