

Case Number:	CM15-0058494		
Date Assigned:	05/18/2015	Date of Injury:	11/23/2013
Decision Date:	06/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, Florida, 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 39 year old male, who sustained an industrial injury on 11/23/2013. He reported falling onto his right knee. Diagnoses have included partial anterior cruciate ligament tear of knee, chondromalacia patella of knee and hypertension. Treatment to date has included medication. According to the progress report dated 2/13/2015, the injured worker complained of constant pain in his right knee traveling to his right leg. He rated his pain as 4/10. He also complained of numbness and tingling in the right foot. He noted popping in the right knee and a tearing sensation. He reported that his pain was reduced with rest, activity modification and heat. He had been using a brace for the right knee. He was currently taking Tylenol over the counter for pain. The injured worker ambulated with an antalgic gait favoring the left. Palpation revealed non-specific tenderness at the right knee and moderated tenderness at the medial peripatellar on the right. Authorization was requested for right knee bracing plus accessories; Gabacyclotram 180grams (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) and 1 Prescription Flurbi-Cyclo-Bac-Lido 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right knee bracing plus accessories: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): ACOEM, Page 340 Occupational Medicine Practice Guidelines.

Decision rationale: The MTUS notes that a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. I did not find the claimant had these conditions. The MTUS advises a brace only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes, and such activities are not evident. Per MTUS, for the average patient, using a brace is usually unnecessary. If used, there must be evidence of proper fit, and that it is part of a rehabilitation program, which is not evident in this case. If used, it should be used only for a short period, because they result in deconditioning and bone loss after relatively short periods of time. A purchase means an open ended unmonitored use, which is not supported. The request is not medically necessary.

Gabaclotram 180grams (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

1 Prescription Flurbi-Cyclo-Bac-Lido 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

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