

Case Number:	CM15-0082470		
Date Assigned:	05/04/2015	Date of Injury:	06/10/2014
Decision Date:	07/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/29/2015

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, Illinois

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 22-year-old male, who sustained an industrial injury on June 10, 2014. He reported his right knee gave out while working pushing carts. The injured worker was diagnosed as having dislocation of patella closed and pain in joint involving the lower leg. Treatment to date has included MRI, bracing, injections, physical therapy, right knee arthroscopy, and medication. Currently, the injured worker complains of right knee pain and locking. The Primary Treating Physician's report dated April 1, 2015, noted the injured worker reported his symptoms had improved, rating the pain characteristically at 7/10 on a scale of 1 to 10, with 10 being the most severe pain imaginable. X-rays taken of the right knee and right tibia were noted to show no increase in osteoarthritis. The injured worker received an ultrasound guided cortisone injection to the right knee. The treatment plan was noted to include a request for authorization for a physical therapy program for the right knee, and prescribed medications, including Norco, Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, Keratek gel, and a compounded medication cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Muscle relaxants (for pain) Page(s): 60-61; 63-65.

Decision rationale: The injured worker sustained a work related injury on June 10, 2014. The medical records provided indicate the diagnosis of dislocation of patella closed and pain in joint involving the lower leg. Treatment to date has included, bracing, injections, physical therapy, right knee arthroscopy, and medication. The medical records provided for review do not indicate a medical necessity for Orphenadrine 50mg/Caffeine 10mg #60. Orphenadrine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records do not indicate the injured worker is being treated for acute exacerbation of chronic low back pain. Caffeine is not recognized as a medication for chronic pain. The request is not medically necessary.

Flurb/Omeprazole 100/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on June 10, 2014. The medical records provided indicate the diagnosis of dislocation of patella closed and pain in joint involving the lower leg. Treatment to date has included, bracing, injections, physical therapy, right knee arthroscopy, and medication. The medical records provided for review do not indicate a medical necessity for Flurb/Omeprazole 100/10mg. The medical records do not indicate the injured worker has a risk for gastrointestinal event, namely: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose Aspirin, the recommended condition for use of Proton pump inhibitors like omeprazole by individuals on NSAID treatment. Also, the records indicate the injured worker has been using Ibuprofen at least since 06/2014 without benefit. The MTUS recommends the use of the lowest doses of NSAIDs for the short-term treatment of moderate to severe pain. The MTUS states no NSAID is more effective than the other. The request is not medically necessary.

Flurb/Cyclo/Menth cream 20%/10/4%: 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 Analgesic Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on June 10, 2014. The medical records provided indicate the diagnosis of dislocation of patella closed and pain in joint involving the lower leg. Treatment to date has included MRI, bracing, injections, physical therapy, right knee arthroscopy, and medication. The medical records provided for review do not indicate a medical necessity for Flurb/Cyclo/Menth cream 20%/10/4%. Flurb/Cyclo/Menth cream 20%/10/4% is a topical analgesic containing Flubiprofen, cyclobenzaprine and Menthol. The topical analgesics are largely experimental primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the constituents is recommended for use as topical analgesic. The request is not medically necessary.

Gabapentin/Pyridoxine 250mg/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Vitamin B6 (pyridoxine).

Decision rationale: The injured worker sustained a work related injury on June 10, 2014. The medical records provided indicate the diagnosis of dislocation of patella closed and pain in joint involving the lower leg. Treatment to date has included, bracing, injections, physical therapy, right knee arthroscopy, and medication. The medical records provided for review do not indicate a medical necessity for Gabapentin/Pyridoxine 250mg/10mg. Gabapentin is an antiepilepsy drug, while pyridoxine is vitamin 6. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The antiepileptic drugs have not been found useful in the treatment of myofascial pain, osteoarthritis of the hip, central pain, and chronic non-specific axial low back pain. The medical records do not indicate the injured worker has neuropathic pain. The MTUS is silent on Pyridoxine, but the Official Disability recommends against its use for treatment of Carpal tunnel syndrome. The request is not medically necessary.

Kera Tek gel #113: 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 Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on June 10, 2014. The medical records provided indicate the diagnosis of dislocation of patella closed and pain in joint involving the lower leg. Treatment to date has included MRI, bracing, injections, physical

therapy, right knee arthroscopy, and medication. The medical records provided for review do not indicate a medical necessity for Kera Tek gel #113. Kera Tek gel is a topical analgesic containing Menthol and Methyl salicylate. The topical analgesics are largely experimental primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Menthol is not recommended. The request is not medically necessary.