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| Case Number: | CM14-0136374 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 12/05/2012 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 61 year-old individual was reportedly injured on December 5, 2012. The mechanism of injury is noted as a fall from a rolling chair. The most recent progress note, dated June 11, 2014, indicates that there were ongoing complaints of right knee pain. The physical examination demonstrated a 5'3" individual weighing 246 pounds, with antalgic gait, requiring use of a cane. There is guarding and tenderness to palpation of the right knee. There is pain with extension and flexion of the right knee. Diagnostic imaging studies were not included for review. Previous treatment includes knee surgery in July 2013, medications, and work and activity modifications. Requests have been made for laboratory DNA testing, physical therapy (including an initial functional capacity evaluation of the right knee), a prescription for a topical medication containing flurbiprofen 20%, tramadol 20%, cyclobenzaprine 4% (apply a thin layer generously to the affected area three times a day, 210 g), a prescription for a topical medication containing gabapentin 10%, dextromethorphan 10%, amitriptyline 10% (apply a thin layer generously to the affected area 15 minutes before exercise as needed, 210 g, no refills), and were not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory test: DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Cytokine DNA Testing (online). Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: While the guidelines in the ACOEM and MTUS do not address this topic, the ODG does not recommend cytokine DNA testing. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The specific test for cytokine DNA testing is performed by the Cytokine Institute. (www.cytokineinstitute.com). Two articles were found on the website. However, these articles did not meet the minimum standards for inclusion for evidence-based review. (Gavin, 2007) (Gillis, 2007) In a research setting, plasma levels of various cytokines may give information on the presence, or even predictive value of inflammatory processes involved in autoimmune diseases such as rheumatoid arthritis. (Kokkonen, 2010) While this particular test may have a role in the future, it is currently considered largely experimental, and therefore, is not considered medically necessary.

Physical therapy initial functional capacity evaluation, right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-138

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS guidelines support postsurgical physical therapy and recommends a maximum of 12 visits over 12 weeks within 6 months of arthroscopic knee surgery. The claimant underwent multiple sessions of physical therapy following her knee surgery in July 2013, and continues to complain of knee pain, ambulates with a cane, and failed to demonstrate an improvement in pain or function after the initial therapy sessions. As such, this request is not considered medically necessary.

Topical Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% apply a thick layer generously to the affected area three times a day 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: The MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The patient is being treated for chronic right knee pain without neuropathy. As such, this request is not considered medically necessary.

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% apply a thin layer generously to the affected area 15 minutes before exercise as needed 210 grams (no refills requested): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127..

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Furthermore, amitriptyline is an antidepressant and dextromethorphan is an antitussive medication, both with no indication for topical use in the treatment of chronic knee pain. Therefore, this request is not considered medically necessary.