

Case Number:	CM14-0161326		
Date Assigned:	11/04/2014	Date of Injury:	04/04/2012
Decision Date:	12/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 injured worker is a 66 year old woman with a work-related injury dated 4/4/12 resulting in chronic pain to bilateral knees. The patient was seen and evaluated on 8/18/14 by the orthopedic provider. The patient is noted to not be able to sleep, she is able to walk with a walker. She is unable to do chores and wants to avoid surgery because of her neutropenia. The physical exam shows an elevated blood pressure and tenderness along the inner joint line bilaterally. There is no instability noted. McMurray test is positive bilaterally medially. The diagnosis include internal derangement of the right and left knee status post right knee arthroscopy partial medial and lateral meniscectomy and chondroplasty, discogenic lumbar condition with facet inflammation and right-sided radiculopathy, bilateral hip joint inflammation, and beginning stages of depression. The treatment plan included Tramadol ER, naproxen, flexeril, lidopro cream one bottle, Terocin patches and Protonix 20mg. She was also given prescription to get the Hyalgan injection five for each knee. Under consideration is the medical necessity of Hyalgan injection right knee #5, Hyalgan injection left knee #5, Terocin patches #20, Lidopro ointment 121 gm, Naproxen 550mg, #60, Cyclobenzaprine (Fexmid) 7.5mg #60, Pantoprazole 20mg #60. These treatments were denied during utilization review dated 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Halogen injection,for the right knee, QTY: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

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: UptoDate.com. Hyaluronate derivatives: Drug Information. Treatment of osteoarthritis resistant to initial pharmacologic therapy.

Decision rationale: The MTUS is silent regarding the use of Hyalgan injections for knee pain. The FDA has approved intra-articular Hyalgan injections for osteoarthritis of the knee. The use of intra-articular hyaluronate injections is recommended in patients with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen and NSAIDS nor received significant relief from IA glucocorticoids, and in those who no longer respond to these medications. In this case the documentation doesn't support that the patient has not responded to oral analgesic medications or glucocorticoid IA injections. The use of Hyalgan injections is not medically necessary.

Halogen injection,for the left knee, QTY: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic)

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: UptoDate.com. Hyaluronate derivatives: Drug Information. Treatment of osteoarthritis resistant to initial pharmacologic therapy.

Decision rationale: The MTUS is silent regarding the use of Hyalgan injections for knee pain. The FDA has approved intra-articular Hyalgan injections for osteoarthritis of the knee. The use of intra-articular hyaluronate injections is recommended in patients with osteoarthritis of the knee who have not responded adequately to or tolerated acetaminophen and NSAIDS nor received significant relief from IA glucocorticoids, and in those who no longer respond to these medications. In this case the documentation doesn't support that the patient has not responded to oral analgesic medications or glucocorticoid IA injections. The use of Hyalgan injections is not medically necessary.

Terocin patches, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Lidocaine.

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

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terosin patches have menthol 4% and Lidocaine 4%. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Regarding the use of Terosin patches for the use of chronic pain, lidocaine and menthol are considered not medically necessary due to the lack of documentation that the patient has tried and failed first line therapy. Furthermore the patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.

Lidopro ointment 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Lidocaine.

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

Decision rationale: According to www.dailymed.com Lidopro ointment topical contains four active ingredients including capsaicin cream .0325%, methyl salicylate 30% and menthol 10% and lidocaine. Regarding capsaicin cream the MTUS recommends this only as an option in patients who have not responded or are intolerant to other treatments. There are no studies of a 0.0325% formulation and there is no current indication that this increased concentration over a 0.025% formulation would provide any further efficacy. Indications for capsaicin include osteoarthritis, fibromyalgia and chronic non-specific back pain but is considered experimental in very high doses. Therefore, capsaicin cream is not medically necessary, as there is no documentation that the patient has tried and failed other treatments and the prescribed concentration of capsaicin is considered experimental without proven benefit over lower concentrations. The MTUS is silent regarding menthol. Regarding methyl salicylate the MTUS states that salicylate topicals are significantly better than placebo in chronic pain. However, the MTUS also states that regarding compounded topical analgesics, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore since capsaicin topical is not medically necessary Lidopro ointment topical #121gm is not medically necessary.

Naproxen (Anaprox) 550mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the patient has hypertension and the use of NSAIDS is not recommended.

Cyclobenzaprine (Fexmid) 7.5mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient is being treated for knee pain and has been treated with multiple medications. The continued use of flexeril isn't medically necessary.

Pantoprazole (Protonix) 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, pantoprazole is not medically necessary.

