

Case Number:	CM14-0185310		
Date Assigned:	11/13/2014	Date of Injury:	01/24/1999
Decision Date:	12/19/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 58-year-old male who has submitted a claim for lumbar disc herniation and spinal stenosis, and right knee osteoarthritis postop total knee replacement associated with an industrial injury date of 1/24/1999. Medical records from 2014 were reviewed. The patient complained of right knee pain and stiffness. He had difficulty with full extension of the knee. The patient likewise experienced low back pain radiating to bilateral lower extremities. Examination of the right knee showed swelling and a range of motion of 5 to 120 degrees. Ligaments were stable in flexion and extension. The scar remained hypertrophic. His gait was antalgic. Treatment to date has included right knee replacement surgery on 5/21/2014, physical therapy, home exercise program, and medications such as Voltaren (since September 2014), and topical creams. The massage therapy is prescribed due to extensive scar tissue formation and knee stiffness. The utilization review from 10/16/2014 denied the request for topical cream: Flurbiprofen, Baclofen, Cyclobenzaprine, Lidocaine, Gabapentin, and Ketamine because of limited published studies concerning its efficacy and safety; modified massage therapy x 12 into 4-6 sessions to meet guideline recommendation for trial basis; and denied Voltaren without noted reason for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Flurbiprofen, Baclofen, Cyclobenzaprine, Lidocaine, Gabapentin, Ketamin: 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Cyclobenzaprine and Baclofen are not recommended for use as a topical analgesic. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. CA MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen, Baclofen, Cyclobenzaprine, Lidocaine, and Gabapentin which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for topical cream: Flurbiprofen, Baclofen, Cyclobenzaprine, Lidocaine, Gabapentin, Ketamine is not medically necessary

Massage therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, massage therapy is prescribed due to extensive scar tissue formation and knee stiffness. However, there is no evidence that patient is actively participating in an exercise program; massage therapy is not recommended as a solitary mode of treatment. Moreover, the present request for 12 sessions exceeds guideline recommendation of 4 to 6 visits. Guideline criteria are not met. Therefore, the request for massage therapy x 12 is not medically necessary.

Voltaren: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Voltaren since September 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The request also failed to specify dosage, frequency of intake, and quantity to be dispensed. Therefore, the request for Voltaren is not medically necessary.