MAXIMUS Federal Services

Case Number:	CM14-0097876		
Date Assigned:	07/28/2014	Date of Injury:	11/17/2011
Decision Date:	09/15/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/26/2014

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 & Rehabilitation 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 injured worker is a 47-year-old male who reported an injury on 11/17/2011, reportedly while he was at work when he fell from a height of 10 feet to the ground. He said he landed on the right side of his body. He hit his head and was bleeding from a small puncture wound on the forehead. The injured worker's treatment history included medications, urine drug screen, physical therapy and MRI. The injured worker was evaluated on 06/02/2014 and it was documented that the injured worker complained of right knee pain; however, it was improving. The provider noted the injured worker had 4 more sessions of physical therapy. The provider noted the injured worker had right ankle pain in the joint under surface. He had difficulty with prolonged standing and walking. Objective findings; right knee, was tender to palpation in the medial joint, range of motion was 0 degrees to 120 degrees of the right knee. Motor strength was 4/5 of the right knee. Right foot examination had no swelling, there was no tenderness to palpation over ATP. There was tenderness to palpation over the plantar fascil. Diagnoses included derangement, knee; tear med/lateral meniscus, right; fusion of the joint lower leg/knee. Request for Authorization dated 06/06/2014 was for cyclobenzaprine 5 mg, transdermal compound cream with Flurbiprofen and transdermal compound cream with gabapentin, amitriptyline, and dextromethorphan. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course 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. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as medication pain management. There was lack of documentation provided on his long term-goals of functional improvement and his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for retrospective Cyclobenzaprine 5 mg #30 is not medically necessary.

1 Prescription of transdermal Compound Cream with Flurbiprofen 205/20% in mediderm base: Upheld

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

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

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal ant inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. The request for transdermal compound cream with Flurbiprofren 205/20% in mediderm base is non-certified.

Transdermal Compound Cream with Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% in Mediderm Base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note gabapentin is not recommended for topical application. Topical NSAIDS are recommended for osteoarthritis and tendonitis in particular that of the knee or elbow or other joints amenable to topical treatments. Recommendations are made for a 4 to 12 week period. There is little evidence to utilize topical NSAIDS to treat osteoarthritis of the spine hip or shoulder. The guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. It was also unclear if the injured worker had a diagnosis which would be concurrent with the guideline recommendation of topical NSAIDS. Additionally, the provider's request did not indicate the dose, frequency, or quantity of the cream in the request as submitted. As such, the request is not medically necessary.