

Case Number:	CM14-0192028		
Date Assigned:	11/25/2014	Date of Injury:	11/29/2010
Decision Date:	01/15/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 50 year old female who was injured at work on 11/29/2010. The injured worker is reported to have received a prescription of Percocet 10/325; Keratex gel; Viscocetron, Orphendarine/Caffeine 50/10 mg; Gabapentin/Pyridoxine 250/10 mg; Compound Flurbiprofen/Cyclo Menth Cream 20%/10%/4% 180 gm; and Compound-Hydrocodone/APAP/Ondan 10/300/2 mg during a pre-operative visit on 08/ 04/2014 for right knee arthroscopy. Objectively, she was noted to walk with antalgic gait; she had right knee joint effusion. The worker was diagnosed of clinical and MRI evidence of complete tear of the anterior cruciate ligament of the right knee. Other diagnoses include enthosopathy of knee, osteoporosis, and rotator cuff (capsule) strain. At dispute are the requests for Orphendarine/Caffeine 50/10 mg; Gabapentin/Pyridoxine 250/10 mg; for Compound-Flurbiprofen/Cyclo Menth Cream 20%/10%/4% 180 gm; Compound-Hydrocodone/APAP/Ondan 10/300/2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphendarine/Caffeine 50/10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 11/29/2010. The medical records provided indicate the diagnosis of right knee enthesopathy, right knee anterior cruciate ligament tear, and osteoporosis. The medical records provided for review do not indicate a medical necessity for Orphenidine/Caffeine 50/10 mg. The MTUS recommends the use of non-sedating muscle relaxants a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The MTUS makes no mention of its use in the post-operative period or for knee pain. Furthermore, Ophenidine has been reported to be used for euphoria; and its side effects of drowsiness, and urinary retention limits its use. Additionally, the MTUS is silent on Caffeine, while the official Disability Guidelines discussed caffeine under caffeine poisoning, but not as a form of treatment. Therefore, the requested treatment is not medically necessary and appropriate.

Gabapentin/Pyridoxine 250/10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute and Chronic), Vitamin B6 (pyridoxine)

Decision rationale: The medical records provided for review do not indicate a medical necessity for Gabapentin/Pyridoxine 250/10 mg. The MTUS notes that there is limited evidence supporting the use of Gabapentin post-operatively. Such use is associated with dizziness and sedation. Also, while the MTUS is silent on Pyridoxine, the Official Disability Guidelines discussed it under Carpal tunnel syndrome, where the guidelines recommended against using it. Therefore, the recommended treatment is not medically necessary and appropriate.

Compound-Flurbiprofen/Cyclo Menth Cream 20%/10%/4% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Muscle Relaxants.

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

Decision rationale: The medical records provided for review do not indicate a medical necessity for Compound-Flurbiprofen/Cyclo Menth Cream 20%/10%/4% 180gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, since neither Flurbiprofen nor Menthol nor Cyclobenzaprine is a recommended topical analgesic, the requested treatment is not medically necessary and appropriate.

Compound-Hydrocodone/APAP/Ondan 10/300/2 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Salicylate Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetic's (for opioid nausea)

Decision rationale: The medical records provided for review do not indicate a medical necessity for Compound-Hydrocodone/APAP/Ondan 10/300/2 mg. The Medical records indicate the prescription is for postoperative use. The Official Disability Guidelines supports the use of opiates and antiemetic (including Ondansetron, Zofran) for cancer and during the post-operative period.