

Case Number:	CM14-0216064		
Date Assigned:	01/06/2015	Date of Injury:	04/28/2014
Decision Date:	03/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 52 year old male with a date of injury of 4/28/14. According to progress report dated 11/5/14, the patient presents with left knee pain. The patient rates his pain a 2/10. Examination of the left knee revealed grade 3 tenderness to palpation and 3 palpable spasm. There is restricted range of motion. The patient was noted to ambulate with a limp. The listed diagnoses are: Status post left knee injection with subsequent surgery, with residuals. Status post left knee arthroscopic surgery. The patient is temporarily totally disabled. The treatment plan was for the patient to continue physical therapy and prescription for topical medications were recommended to minimize possible neurovascular complications, and avoid complications associated with narcotic medications, as well as upper GI bleeding from the use of NSAID medications. The Utilization review denied the request on 12/5/14. Treatment reports dated 8/27/14, 11/5/14 and 12/17/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex ointment #180 gm: 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: The patient presents with left knee pain. The current request is for Fluriflex ointment #180 gm. The Utilization review denied the request stating that Fluriflex contains a topical NSAID and cyclobenzaprine and muscle relaxants are not recommended for topical application. Fluriflex cream includes Flurbiprofen and cyclobenzaprine. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does meet the indication for the topical NSAID, as he suffers from chronic knee pain. However, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request IS NOT medically necessary.

TGHot 180 grams: 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: The patient presents with left knee pain. The current request is for TGHot 180 grams. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. 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. (Namaka, 2004), Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. - Gabapentin: Not recommended. There is no peer-reviewed literature to support use." TG Hot cream includes Gabapentin in its formulation. Gabapentin is not recommended by MTUS guidelines; therefore, the request IS NOT medically necessary.

Menthoderm gel 240 gm: Overturned

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: The patient presents with left knee pain. The current request is for Methoderm gel 240gm. The Utilization review denied the request stating that there is no clinical documentation of side effects from oral medications to warrant the use of topical analgesics. Methoderm gel contains menthol and methyl salicylate, an NSAID. The MTUS Guidelines page 111 allow for the use of topical NSAID for peripheral joint arthritis and tendinitis. ODG guidelines support Bengay, which contains similar products as Methoderm. It is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting peripheral joints. This is an initial request for this medication. In this case, the patient does meet the indication for this medication as he suffers from knee pain. The requested Methoderm IS medically necessary.