MAXIMUS Federal Services

Case Number:	CM14-0063055		
Date Assigned:	07/11/2014	Date of Injury:	06/27/2013
Decision Date:	01/16/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 Emergency 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 injured worker is a forty-year old male who sustained a work-related injury on June 27, 2013. A request for FlurFlex 180 gm and TGHot 180 gm was non-certified by Utilization Review (UR) and a request for twelve physical therapy sessions was modified to six sessions by Utilization Review (UR) on April 7, 2014. With regard to the request for FlurFlex 180 grams and TGHot 180 grams, the UR provider noted that in order for the compound medications to be considered for certification there must be evidence of measurable subjective and/or functional benefit as a result of the topical medication and documentation of medical necessity including documentation of an inability to tolerate oral medication. In addition, the UR physician found no evidence of benefit with prior use of TGHot or FlurFlex. With regard to the request for twelve sessions of physical therapy, the UR provided documented that the injured worker had crutches, medications and nine physical therapy sessions in the post-operative period and the UR physician determined that six physical therapy sessions rather than twelve physical therapy sessions were medically reasonable to review the home exercise program and to decrease acute symptoms. A request for independent medical review (IMR) was initiated on May 5, 2014. A review of the documentation submitted for IMR included a physician's progress note dated January 27, 2014. The evaluating physician noted that the injured worker had continuous pain in the right knee with radiation of pain to the right shin. The injured worker reported the pain increased with prolonged walking or standing, with flexing and extending the knee and with walking up and down stairs. The injured worker reported swelling, popping and clicking sensations in the right knee and rated the pain a six on a ten-point scale. The injured worker reported intermittent pain left knee, which increased with prolonged walking or standing, and with squatting and stooping. There was slight swelling and clicking sensations in the left knee. Diagnoses associated with the evaluation included right knee sprain/strain and intractable pain.

The physician recommended physical therapy, TGHot and Flurflex for treatment. An MRI of the right knee performed on February 1, 2014 revealed postsurgical changes of the lateral patellar retinaculum, thickening of the quadriceps tendon, mild old medial collateral ligaments sprain and a tiny Baker's cyst. A physician's evaluation dated February 24, 2014 indicated that the injured worker complained of right knee pain which he rated a 6 on a 10-point scale. He was performing home exercises. On examination, the evaluating provider documented that palpation elicited tenderness over the medial and lateral joint lines of the right knee. The right knee range of motion is limited by pain upon flexion and extension. Diagnoses associated with the visit included right knee sprain/strain, intractable pain, post-surgical changes of lateral patellar retinaculum and right knee medial collateral ligament sprain. For therapy, the evaluating provider continued the TGHot, Flurflex, physical therapy, and home exercise program. The injured worker's work status was defined as total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, capsaicin 0.05%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (Non-steroidal anti-inflammatory agents.

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

Decision rationale: The requested Compound: TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, capsaicin 0.05%) 180gm, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, page # 111 note that these topical agents 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. The injured worker has right knee pain, rated 6/10. The treating physician has documented swelling and clicking sensations of the knee. The treating physician has not documented failed first-line therapy or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, TGHot is not medically necessary.

Physical therapy 3 x a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The requested physical therapy for right knee is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, physical medicine, page 98 and ACOEM and

ODG Guidelines notes that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The injured worker underwent removal of foreign body on June 27, 2013 followed by postoperative crutches, medications, and 9 physical therapy sessions. The treating physician has documented right knee pain, mechanical symptoms and restricted range of motion. The treating physician has not documented explicit functional improvement from prior physical therapy sessions, such as increased activities of daily living or reduced work restrictions. There is also no documentation of barriers precluding the injured worker from participating in a dynamic home exercise program in order to address any ongoing knee deficits. The peer reviewer modified the initial request of 12 sessions to 6 sessions of physical therapy, which should have provided ample time to transition the injured worker into a home exercise program and to decrease acute symptoms. The criteria noted above not having been met, physical therapy for right knee is not medically necessary.

Compound: FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 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 requested Compound: FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 gm, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, page # 111 note that these topical agents 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. The injured worker has right knee pain, rated 6/10. The treating physician has documented swelling and clicking sensations of the knee. The treating physician has not documented failed first-line therapy or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, FlurFlex is not medically necessary.