

Case Number:	CM15-0018058		
Date Assigned:	02/05/2015	Date of Injury:	04/02/1999
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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:

The injured worker is a 60 year old female who sustained an industrial injury on 04/02/1999. Diagnoses include left knee meniscal tear/internal derangement status post arthroscopy, spinal contusion/strain, L4-5 disc protrusion, right knee contusion, wrist contusions, status post right hip surgery, right trochanteric bursitis, and anxiety and depression. Treatment to date has included medications. She is not attending any type of therapy at this time. A physician progress note dated 12/28/2014 documents the injured worker has complaints of burning, aching pain in the cervical and lumbar spine regions that are aggravated by prolonged sitting. She has an antalgic gait. There is tenderness in the paraspinal musculature of the lumbar region and midline tenderness is noted in the lumbar spine, and muscle spasm is present. Range of motion is limited. McMurray's test is positive. Varus-valgus stress test is mildly positive. Treatment requested is for Diclofenac XR 100mg, #30; one by mouth once a day, and Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.075%, Menthol 5%, Camphor 2%, cream; apply 1-2 grams to the affected area. On 01/21/2015 Utilization Review non-certifies the request for Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.075%, and Menthol 5%, and Camphor 2%, cream; apply 1-2 grams to the affected area, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Topical Analgesics. On 01/21/2015 Utilization Review non-certifies the request for Diclofenac XR 100mg, #30, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 4%, Ketapofen 10%, Capsaicin 0.075%, Menthol 5%, Camphor 2%, cream; apply 1-2 grams to the affected area: Upheld

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

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

Decision rationale: The 60 year old patient presents with pain in low back, right hip and left knee, as per progress report dated 1/12/15. The request is for GABAPENTIN 10% / CYCLOBENZAPRINE 4% / KETAPROFEN 10% / CAPSAICIN 0.075% / MENTHOL 5% / CAMPHOR 2% CREAM APPLY 1-2 GRAMS TO THE AFFECTED AREA. The RFA for this request is dated 12/29/14, and the patient's date of injury is 04/02/99. The patient is status post left knee meniscal tear arthroscopy --- date of this procedure is not mentioned ----, and status post right hip surgery on 08/08/09, as per progress report dated 01/12/15. Diagnoses included spinal contusion, spinal strain, L4-5 disc protrusion, right knee contusion, wrist contusion, anxiety, depression, hypertension, sleep disturbances, and gastrointestinal disorder. As per progress report dated 12/05/14, the patient suffers from low back pain that radiates to bilateral lower extremities. The patient rates her bilateral foot pain at 10/10 and persistent bilateral shoulder pain at 9/10. Apart from the topical formulation, medications include Norco, Ambien and Diclofenac. The patient has been allowed to return to modified work, as per progress report dated 05/01/14. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. A prescription for this topical formulation was first noted in progress report dated 09/06/13, and the patient has been receiving the topical consistently at least since then. As per progress report dated 12/29/14, the cream has been prescribed to treat neuropathic pain. However, this topical formulation contains Gabapentin, Cyclobenzaprine and Lidocaine which are not recommended by MTUS. Ketoprofen is only recommended for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.

Diclofenac XR 100mg, #30; one by mouth once a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 60 year old patient presents with pain in low back, right hip and left knee, as per progress report dated 1/12/15. The request is for DICLOFENAC XR 60 mg # 30, ONE BY MOUTH ONCE A DAY. The RFA for this request is dated 12/29/14, and the patient's date of injury is 04/02/99. The patient is status post left knee meniscal tear arthroscopy, date of this procedure is not mentioned, and status post right hip surgery on 08/08/09, as per progress report dated 01/12/15. Diagnoses included spinal contusion, spinal strain, L4-5 disc protrusion, right knee contusion, wrist contusion, anxiety, depression, hypertension, sleep disturbances, and gastrointestinal disorder. As per progress report dated 12/05/1, the patient suffers from low back pain that radiates to bilateral lower extremities. The patient rates her bilateral foot pain at 10/10 and persistent bilateral shoulder pain at 9/10. Apart from the topical formulation, medications include Norco, Ambien and Diclofenac. The patient has been allowed to return to modified work, as per progress report dated 05/01/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Diclofenac is only mentioned in progress report dated 12/29/14. It is not clear if the patient has been using any other NSAID prior to this medication. The treater does not document any improvement in function or reduction in pain due to its use. Nonetheless, the patient suffers from chronic pain for which NSAIDs are indicated.

Hence, the patient can take the medication at the treater's discretion. The request IS medically necessary.