

Case Number:	CM15-0125986		
Date Assigned:	07/10/2015	Date of Injury:	01/06/2012
Decision Date:	08/18/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 54-year-old male, with a reported date of injury of 01/06/2012. The mechanism of injury was not indicated. The injured worker had current right knee pain due to compensation of the left knee. The injured worker's symptoms at the time of the injury included left knee pain. The diagnoses include insomnia, left knee posterior horn tear lateral meniscus, status post left knee surgery. Treatments and evaluation to date have included oral medications, left knee surgery in 2014, left knee medial meniscal repair on 09/16/2013, and topical pain medications. The diagnostic studies to date have included an MRI of the left knee which showed a posterior horn lateral meniscus tear, anterior horn mild mucoid degeneration, and fluid beside the posterior cruciate ligament; and x-rays of the left knee in 04/2014. The medical report dated 05/12/2015 indicates that the injured worker noted right knee pain due to compensation of the left knee. The orthopedic surgeon stated that the injured worker needed a left knee replacement. There was currently pain in and around the right lateral meniscal region, with radiation up into the thigh. The injured worker's right knee pain was rated 2 out of 10 with medications and 6-7 out of 10 without medications. He rated his left knee pain 6 out of 10. Without medications, the injured worker was unable to walk up stairs. It was noted that no aberrant behavior or adverse events were found. The injured worker's pain was decreased with medications. The objective findings include left knee range of motion was 90% normal, mild swelling noted, pain noted over the medial aspect of the knee above the patella, left lateral pain, pain at the right knee lateral anterior knee, positive click with extension of the right knee with slight instability, full range of motion of the right knee, a well healing surgical scar on the left knee, and a limp. The treating

physician stated that the injured worker might have a sprained right knee. The goal specific treatment plan for the left knee included improved functionality, decrease pain, improve quality of life, and perform activities of daily living with minimal supervision or assistance. The injured worker's work status was noted as disabled. It was noted that he was permanent and stationary, and had permanent work restrictions. The treating physician requested two Exoten-C lotion 120 grams, Duloxetine 30mg #60, Narcosoft #60, and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C-Lotion 120 grams quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 43-44; 77; 111-113.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Exoten-C lotion is a combination of methyl salicylate, menthol, and capsaicin. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments, per MTUS. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Duloxetine 30mg, take one twice a day, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 43-44; 77; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Cymbalta (duloxetine) Page(s): 13-16, 42, and 43-44.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Cymbalta is the brand name for Duloxetine. It is an antidepressant in the class called serotonin-norepinephrine reuptake inhibitors (SNRIs). The guidelines also indicate that Duloxetine is "recommended as an option in first-line treatment option in neuropathic pain." There is no evidence that the injured worker had neuropathic pain. It is FDA approved for the treatment of depression, generalized anxiety disorder, fibromyalgia, and pain related to diabetic neuropathy. There was no documentation that the injured worker had any of these conditions. It was noted that the

Duloxetine was prescribed to decrease pain and help decrease medications. There is no evidence of significant pain relief or increased function from the Duloxetine used to date. Therefore, the request for Duloxetine is not medically necessary.

Narco soft capsules quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 43-44; 77; 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Constipation.

Decision rationale: Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. According to the ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, there is no documentation of opioid use. In addition, there is no documentation of a need for constipation relief. Medical necessity for Narco soft capsules has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 7.5mg, one to two a day, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 43-44; 77; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.