MAXIMUS Federal Services

Case Number:	CM15-0174738		
Date Assigned:	09/16/2015	Date of Injury:	06/26/2010
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 52 year old female, who sustained an industrial injury on June 26, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left knee chondromalacia, left knee internal derangement, left knee sprain and strain and status post left knee surgery. On July 31, 2015, the injured worker complained of left knee pain. The pain was rated as a 4-6 on a 1-10 pain scale. The injured worker was noted to have continuing pain despite manual physical therapy, ultrasound, activity modification and non-steroidal anti-inflammatory medication. The pain was noted to "increase" with prolonged walking or standing, flexing and extending the knee, ascending or descending stairs, squatting and stopping. She also reported episodes of giving way. Physical examination of the left knee revealed muscle spasm and tenderness to palpation. The treatment plan included topical creams, oral medication and three visits for extracorporeal shockwave therapy for the left knee. On August 10, 2015, utilization review denied a request for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base, Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240 gm and extracorporeal shockwave therapy for three visits for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base is not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240 gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Amitriptyline

HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240 gm is not medically necessary.

Extracorporeal shockwave therapy for 3 visits, left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, extracorporeal shock wave therapy and Other Medical Treatment Guidelines www.anthem.com/medicalpolicies/policies/mp_pw_a050255.htm.

Decision rationale: Regarding the request for Extracorporeal shockwave therapy for 3 visits, left knee, California MTUS does not address the issue. ODG states it is currently under study for patellar tendinopathy and for long bone hypertrophic nonunions. Anthem medical policy notes that ESWT for the treatment of musculoskeletal conditions is considered investigational and not medically necessary. In light of the above issues, the currently requested Extracorporeal shockwave therapy for 3 visits, left knee is not medically necessary.