MAXIMUS Federal Services

Case Number:	CM15-0072474		
Date Assigned:	05/28/2015	Date of Injury:	09/14/1997
Decision Date:	07/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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 67-year-old female who sustained an industrial injury on 09/14/97. Initial complaints and diagnoses are not available. Treatments to date include right knee surgery, and medications. Diagnostic studies include a MRI of the right knee. Current complaints include low back pain with radiation to the bilateral lower extremities, as well as right knee pain. Current diagnoses include internal knee derangement, tricompartmental right knee degenerative changes, left index finger sprain/strain, right shoulder sprain/strain right lower extremity radicular pain, cervical spine sprain/strain with degenerative disc disease, left shoulder myoligamentous sprain/strain, bilateral wrist myoligamentous sprain/strain anxiety/depression, and lumbar spine herniated nucleus pulposus. In a progress note dated 03/096/15 the treating provider reports the plan of care as an internal medicine evaluation, an orthopedic evaluation for her right knee, continued home exercise program, Fluribiprofen cream, Ketoprofen/ketamine cream, and gabapentin/cyclobenzaprine/capsaicin cream. The requested treatments include an orthopedic evaluation for her right knee, Fluribiprofen cream, Ketoprofen/ketamine cream, and gabapentin /cyclobenzaprine/capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Surgery Evaluation Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127, Official Disability Guidelines: Knee chapter - Knee joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with right knee pain rated 9/10. The patient is status post right knee arthroscopy 06/26/03 and 07/25/11. The request is for orthopedic surgery evaluation right knee. Patient's diagnosis per Request for Authorization form dated 03/09/15 includes right knee chondromalacia patella with tricompartmental osteoarthritis with Type II signal medial meniscus posterior horn and internal derangement. Physical examination to the right knee on 03/09/15 revealed tenderness to palpation over the medial and lateral aspects. Flexion decreased to 95/150 degrees. Positive McMurray's, Steinmann's and medial joint line tests. Treatment to date included knee surgery, imaging studies, home exercise program and medications. The patient is permanent and stationary, per 03/09/15 report. Treatment reports were provided from 05/09/14 - 05/11/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Per 03/09/15 report, treater states patient is "a possible candidate for a right total knee arthroplasty surgery," and is recommending a knee evaluation. ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic knee pain that remains in spite of treatments and surgery, an orthopedic surgeon consult may benefit the patient. Therefore, the request is medically necessary.

Topical Cream Medications: Flurbiprofen 20% Cream 120 gm prescribed 03/09/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen topical; Topical analgesic Page(s): 29, 111-113.

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with right knee pain rated 9/10. The patient is status post right knee arthroscopy 06/26/03 and 07/25/11. The request is for topical cream medications: Flurbiprofen 20% cream 120 gm. RFA dated 03/09/15 provided. Patient's diagnosis on 03/09/15 included internal knee derangement, tricompartmental right knee degenerative changes, left index finger sprain/strain,

right shoulder sprain/strain right lower extremity radicular pain, cervical spine sprain/strain with degenerative disc disease, left shoulder myoligamentous sprain/strain, bilateral wrist myoligamentous sprain/strain anxiety/depression, and lumbar spine herniated nucleus pulposus. Physical examination to the right knee on 03/09/15 revealed tenderness to palpation over the medial and lateral aspects. Flexion decreased to 95/150 degrees. Positive McMurray's, Steinmann's and medial joint line tests. Treatment to date included knee surgery, imaging studies, home exercise program and medications. The patient is permanent and stationary, per 03/09/15 report. Treatment reports were provided from 05/09/14 - 05/11/15. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Flurbiprofen topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Per 03/09/15 report, treater states the patient will continue with "the topical cream medications for pain, muscle spasms and inflammation." The patient has undergone surgery to right knee, and this NSAID topical would be indicated for the patient's knee condition. However, treater does not discuss how the topical has been used for which body part and with what effectiveness, in terms of pain reduction and function. MTUS requires recording of pain and function when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Topical Cream Medications: Ketoprofen 20% + Ketamine 10% Cream 120 gm prescribed 03/09/2015: Upheld

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

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

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with right knee pain rated 9/10. The patient is status post right knee arthroscopy 06/26/03 and 07/25/11. The request is for topical cream medications: Ketoprofen 20% + Ketamine 10% cream 120 gm. RFA dated 03/09/15 provided. Patient's diagnosis on 03/09/15 included internal knee derangement, tricompartmental right knee degenerative changes, left index finger sprain/strain, right shoulder sprain/strain right lower extremity radicular pain, cervical spine sprain/strain with degenerative disc disease, left shoulder myoligamentous sprain/strain, bilateral wrist myoligamentous sprain/strain anxiety/depression, and lumbar spine herniated nucleus pulposus. Physical examination to the right knee on 03/09/15 revealed tenderness to palpation over the medial and lateral aspects. Flexion decreased to 95/150 degrees. Positive McMurray's, Steinmann's and medial joint line tests. Treatment to date included knee surgery, imaging studies, home exercise program and medications. The patient is permanent and stationary, per 03/09/15 report. Treatment reports were provided from 05/09/14 -05/11/15. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "The patient has undergone surgery to right knee. Per 03/09/15 report, treater states the patient will continue with "the topical cream medications for pain, muscle spasms and inflammation." However, treater does not discuss how the topical has been used for which body part and with what effectiveness in terms of pain reduction and function. MTUS requires recording of pain and function when medications are used for chronic pain. Furthermore, the requested topical compound contains Ketoprofen, which is not currently FDA approved for topical application, per MTUS. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request does not meet guideline criteria. Therefore, the request is not medically necessary.

Topical Cream Medications: Gabapentin 10% + Cyclobenzaprine 10% + Capsaicin Cream 20 gm prescribed 03/09/2015: Upheld

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

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

Decision rationale: Based on the 03/09/15 progress report provided by treating physician, the patient presents with right knee pain rated 9/10. The patient is status post right knee arthroscopy 06/26/03 and 07/25/11. The request is for topical cream medications: Gabapentin 10% + Cyclobenzaprine 10% + capsaicin cream 20 gm. RFA dated 03/09/15 provided. Patient's diagnosis on 03/09/15 included internal knee derangement, tricompartmental right knee degenerative changes, left index finger sprain/strain, right shoulder sprain/strain right lower extremity radicular pain, cervical spine sprain/strain with degenerative disc disease, left shoulder myoligamentous sprain/strain, bilateral wrist myoligamentous sprain/strain anxiety/depression, and lumbar spine herniated nucleus pulposus. Physical examination to the right knee on 03/09/15 revealed tenderness to palpation over the medial and lateral aspects. Flexion decreased to 95/150 degrees. Positive McMurray's, Steinmann's and medial joint line tests. Treatment to date included knee surgery, imaging studies, home exercise program and medications. The patient is permanent and stationary, per 03/09/15 report. Treatment reports were provided from 05/09/14 - 05/11/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." The patient has undergone surgery to right knee. Per 03/09/15 report, treater states the patient will continue with "the topical cream medications for pain, muscle spasms and inflammation." However, treater does not discuss how the topical has been used for which body part and with what effectiveness in terms of pain reduction and function. MTUS requires recording of pain and function when medications are used for

chronic pain. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, which are not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.