

Case Number:	CM15-0075912		
Date Assigned:	04/27/2015	Date of Injury:	07/16/2013
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: Preventive Medicine, Occupational 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 30 year old male who sustained an industrial injury on 7/16/2013. His diagnoses, and/or impressions, included: right foot sprain/strain - improved; right knee sprain/strain, effusion, osteoarthritis & "OM"; right ankle sprain/strain - improved; left knee internal derangement - compensable consequence due to favoring and limping; antalgic gait; mixed anxiety-depressive disorder; and newly diagnosed Diabetes Mellitus. No current magnetic resonance imaging studies are noted. Recent re-evaluation of range-of-motion and strength testing is noted on 10/1/2014. His treatments have included diagnostic right knee arthroscopy, partial meniscectomy, extensive synovectomy & chondroplasty (8/26/14); physical therapy - right knee; cortisone injection therapy - right knee (12/30/12 & 1/13/14), left knee; and medication management. Progress notes of 3/18/2015 noted complaints that included moderate right knee pain with intermittent ache when active, that has improved overall with physical therapy; moderate left knee pain with little relief following the cortisone injection; and right ankle pain that has improved since cortisone injection. The physician's requests for treatments were noted to include Norco and 2 compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medication section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there has been two previous recommendations for weaning of Norco on 9/9/14 and 2/17/15. The weaning process should have been completed at this point. There was no assessment of pain or functional level at the injured worker's last visit dated 3/18/15, therefore medical necessity has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 Prescription of Norco 5/325mg is determined to not be medically necessary.

1 Prescription of Cyclo Ultram cream: Upheld

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

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

Decision rationale: The MTUS Guidelines state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request for 1 Prescription of Cyclo Ultram cream is determined to not be medically necessary.

1 Prescription of Flurbic Caps Camp menthol cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Topical Capsaicin section Opioids for Neuropathic Pain Opioids specific drug list section Page(s): 28, 67-73, 82, 83, 93,94, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well and binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. Medical necessity of this compounded topical analgesic has not been established within the recommendations of the MTUS Guidelines. The request for 1 Prescription of Flurbic Caps Camp menthol cream with 1 refill is considered to not be medically necessary.