

Case Number:	CM15-0090339		
Date Assigned:	05/14/2015	Date of Injury:	01/15/1998
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old female patient who sustained an industrial injury on 01/15/1998. A recent primary treating office visit dated 04/24/2015 reported the patient with subjective complaint of being status post right knee replacement, and continues to experience a significant amount of knee pain that is primarily aggravated with weight bearing. She currently rates the pains a 7 out of 10 in intensity. Her current medication regimen consists of Hydrocodone/APAP, APAP with Codeine and Omeprazole. The patient is currently not working. Objective findings showed the patient with an antalgic gait, short-stepped gait with the use of a cane for assistance. The right knee showed an anterior incision, well healed, benign, and bilateral joint line tenderness, along with diffuse tenderness along the medial and lateral aspect of the tibia. There is full extension; flexion is 95 degrees and no deep knee bend due to pain and weakness. The following diagnoses are applied: joint stiffness, left leg; cervical sprain, lumbar sprain, right knee pain, status post arthroplasty, left knee pain, compensatory, status post revision total knee arthroplasty and morbid obesity. The plan of care noted: primarily refilling of medications, and continue with conservative treatment. She remains permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement. Furthermore the request does not indicate a quantity therefore the request for continued Norco is not medically necessary.

Gabapentin, Amitriptyline, Bupivacaine, Hyaluronic Acid 10%, 5%, 0.2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Gabapentin, Amitriptyline, Bupivacaine, Hyaluronic Acid 10%, 5%, 0.2% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of topical hyaluronic acid. The guidelines state that topical Gabapentin is not supported as there is no evidence to support its use topically. The guidelines do not specifically support Amitriptyline or Bupivacaine, but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. 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. The guidelines do not support topical Gabapentin therefore the entire request is not medically necessary as there is no documentation necessitating the need to go against the MTUS recommendations.

Flurbiprofen, Baclofen, Dexamethasone, Hyaluronic Acid 20%, 10%, 2%, 0.2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Flurbiprofen, Baclofen, Dexamethasone, Hyaluronic Acid 20%, 10%, 2%, 0.2% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not specifically mention Dexamethasone but states that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The guidelines state that topical NSAIDs (such as Flurbiprofen) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Baclofen therefore the entire request is not medically necessary as there is no documentation necessitating the need to go against the MTUS recommendations.