

Case Number:	CM13-0028107		
Date Assigned:	11/22/2013	Date of Injury:	03/02/2011
Decision Date:	02/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who reported a work-related injury on 3/2/11. The mechanism of injury was not provided. The patient underwent an arthroscopic subtotal medial meniscectomy of the left knee, chondroplasty of the medial femoral condyle, and a synovectomy from three compartments on 3/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 grams of Cyclobenzaprine power: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" and that Cyclobenzaprine should not be recommended for topical use as there is no evidence to support topical muscle relaxants, and the addition of Cyclobenzaprine to other agents is not recommended. The clinical

documentation submitted for review indicated that Cyclobenzaprine was to be used for a compounded medication in the form of a topical cream. Cyclobenzaprine is not to be added to other agents. Given the above, the request for 12 grams of Cyclobenzaprine powder is not medically necessary.

12 grams of Gabapentin powder: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Overall, Gabapentin is not recommended because there is no peer-reviewed literature to support its use. The clinical documentation submitted for review indicated that Gabapentin was to be used for a compounded medication in the form of a topical cream. Since guidelines do not recommend compounded medications including non-recommended ingredients, the request for 12 grams of Gabapentin powder is not medically necessary.

30 grams of Flurbiprofen powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72,111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is classified as a non-steroidal anti-inflammatory agent (NSAID). NSAIDs have been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is also not currently FDA approved for a topical application. The clinical documentation submitted for review indicated that Flurbiprofen was to be used for a compounded medication in the form of a topical cream. Since guidelines do not recommend compounded medications including non-recommended ingredients, the request for 30 grams of Flurbiprofen powder is not medically necessary.

30 grams of Tramadol powder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tramadol is recommended as a second-line oral analgesic, but there is not a formulation of Tramadol that is approved for topical use. The clinical documentation submitted for review indicated that Tramadol was to be used for a compounded medication in the form of a topical cream. Since guidelines do not recommend compounded medications including non-recommended ingredients, the request for 30 grams of Tramadol powder is not medically necessary.