

Case Number:	CM13-0033346		
Date Assigned:	12/06/2013	Date of Injury:	05/30/2010
Decision Date:	03/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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:

Claimant is a 54 year old male with date of injury 5/30/2010. Per progress note dated 7/30/2013, the claimant has persistent pain of the right knee with swelling. He has persistent pain of the low back that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. He went to the emergency room for his right knee pain and swelling. On exam the lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. There is weakness of the ankle and toes. Right knee reveals minimal swelling, with no erythema and no effusion. The knee is stable. There is pain with terminal flexion. Left knee is unchanged with tenderness at the knee joint line. There is a positive McMurray's sign. There is a positive patellar compression test. There is pain with terminal flexion. Diagnoses include 1) lumbar discopathy 2) internal derangement of the left knee, status post-surgery 3) status post right knee arthroscopy. Treatments include 1) intra-articular injection to the right knee 2) urine drug screening to monitor medication use. The claimant is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lidoc/Cap/Tram 15%, 1%, 012/5%-Spray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 145-146.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), topical analgesics are "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.... Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)" As Ketoprofen is an agent not recommended for use by these guidelines, the compounded product requested is not recommended by these guidelines. The request for Ketop/Lidoc/Cap/Tram 15%, 1%, 012/5%-Spray is determined to not be medically necessary.

Flurbiprofen 10%, Cyclobenzaprine 2%, 02.25%, Lidocaine 1% spray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 145 &147.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), topical analgesics are "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it

will be useful for the specific therapeutic goal required.... Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. As topical Cyclobenzaprine is an agent not recommended for use by these guidelines, the compounded product requested is not recommended by these guidelines. The request for Flurbiprofen 10%, Cyclobenzaprine 2%, 02.25%, Lidocaine 1% spray is determined to not be medically necessary.