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| Case Number: | CM13-0044492 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/20/2010 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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. The expert reviewer is Board Certified in Family Medicine, has a subspecialty in Pain 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 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/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:

52 yr. old female claimant sustained a work related injury on 4/24/10 involving the low back, shoulders, hips and knees. She had a diagnosis of a right medial meniscal tear, right hip derangement and lumbar discopathy. She has undergone arthroscopy of the right knee and medial meniscectomy as well as subacromial decompression for a right shoulder impingement. She has undergone physical therapy and used oral analgesics for pain control. An exam note on 9/14/13 indicated the claimant had continued pain in the lumbar spine and right hip with reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID (NEW) 10%, 2%, 0.125% 1% IQ. NDC QTY: 120 WITH ONE (1) REFILL: 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 Topical Analgesics Section, Page(s): 111-112.

Decision rationale: Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate

receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^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. In this case, the product in question contains Cyclobenzaprine, a muscle relaxant. According to the guidelines, there is no evidence for use of any muscle relaxant as a topical product. As a result the topical medication above is not medically necessary.

KETOP/LIDOC/CAP/TRAM 15%,1%, 0.012%/5% LIQ NDC QTY: 120 WITH ONE (1) REFILL: 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 Topical Analgesics Section, Page(s): 111-112.

Decision rationale: The product above contained topical lidocaine. According to the guidelines, Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm[®]) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Based on the guidelines, the product in question is not medically necessary since it contains lidocaine. Lidocaine is not indicated for 1st line topical treatment for knee or back pain. Documentation does not indicate response or failure of other medications. The request is not medically necessary or appropriate.