MAXIMUS Federal Services

Case Number:	CM13-0057004		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2010
Decision Date:	03/24/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine and is licensed to practice in New York. 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 beneficiary is a 34 year old man who worked as a truck washer. The original date of injury was on 2/20/2010 when he felt a pop sensation of his right knee while shoveling dirt at work. He was diagnosed with a knee strain and was treated with analgesics and acupuncture. An MRI showed a partial meniscus tear and arthroscopy was recommended, but the surgery was not performed. There is request for medical necessity review of five different compounded topical formulations. The dates of use were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, Lidocaine, Ultra derm: Upheld

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

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

Decision rationale: Non-dermal patch formulations of lidocaine are not indicated for control of chronic pain according to the MTUS chronic pain medical treatment guidelines. In addition ketoprofen as a topical agent is not approved as a topical agent for the treatment of joint pain. In general , non-steroidal anti-inflammatory drugs are noted by the MTUS to be useful in only the

first two weeks following an injury and have no proven value in the long-term management of joint pain. Therefore, the request for compounded lidocaine and ketoprofen is not medically necessary.

Gabapentin Powder, Cyclobenzaprine, capsaicin, menthol, camphor, ultra derm: Upheld

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

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

Decision rationale: The MTUS section on chronic pain treatment guidelines indicate that topical analgesics may be recommended when trials of oral anti-convulsants and anti-depressants have failed. The records do not indicate a trial and failure of traditional oral agents. The MTUS notes further that compounded agents that contain at least one drug (or drug from a class) that is not recommended are not recommended as a result. The MTUS notes that topical gabapentin is not recommended because there is no peer reviewed literature to support its use. The MTUS notes that capsaicin is an option for patients who have not responded or are intolerant to other treatments. There is no evidence from the records to indicate trial and failure of more traditional agents. The other agents in the compound can be excluded on the basis that topical gabapentin (and capsaicin) are not indicated; therefore the entire compounded product is not medically necessary.

Flurbiprofen, Cyclobenzaprine, Ultra derm: Upheld

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

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

Decision rationale: The MTUS section on chronic pain treatment guidelines indicate that topical analgesics may be recommended when trials of oral anti-convulsants and anti-depressants have failed. The records do not indicate a trial and failure of traditional oral agents. The MTUS notes further that compounded agents that contain at least one drug (or drug from a class) that is not recommended are not recommended as a result. In general , non-steroidal anti-inflammatory drugs are noted by the MTUS to be useful in only the first two weeks following an injury and have no proven value in the long-term management of joint pain. Therefore, topical flubiprofen is not indicated and not medically necessary. The MTUS notes that there is no evidence for the use of baclofen or any other muscle relaxant as a topical agent. Therefore, topical cyclobenzaprene is not indicated and not medically necessary.

Tramadol gabapentin powder, menthol, camphor, capsaicin, ultra derm: Upheld

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

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

Decision rationale: The MTUS section on chronic pain treatment guidelines indicate that topical analgesics may be recommended when trials of oral anti-convulsants and anti-depressants have failed. The records do not indicate a trial and failure of traditional oral agents. The MTUS notes further that compounded agents that contain at least one drug (or drug from a class) that is not recommended are not recommended as a result. The MTUS notes that topical gabapentin is not recommended because there is no peer reviewed literature to support its use. The MTUS notes that capsaicin is an option for patients who have not responded or are intolerant to other treatments. There is no evidence from the records to indicate trial and failure of more traditional agents. The other agents in the compound can be excluded on the basis that topical gabapentin (and capsaicin) are not indicated; therefore the entire compounded product is not medically necessary.

Flurbiprofen, cyclobenzaprine, Ultra derm: Upheld

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

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

Decision rationale: The MTUS section on chronic pain treatment guidelines indicate that topical analgesics may be recommended when trials of oral anti-convulsants and anti-depressants have failed. The records do not indicate a trial and failure of traditional oral agents. The MTUS notes further that compounded agents that contain at least one drug (or drug from a class) that is not recommended are not recommended as a result. The MTUS notes that topical gabapentin is not recommended because there is no peer reviewed literature to support its use. The MTUS notes that there is no evidence for the use of baclofen or any other muscle relaxant as a topical agent. Therefore, topical cyclobenzaprene is not indicated and not medically necessary.