

Case Number:	CM13-0072682		
Date Assigned:	01/17/2014	Date of Injury:	07/15/2009
Decision Date:	06/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery 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:

The patient is an employee of [REDACTED], and has filed a claim for osteoarthritis of the knees associated with an industrial injury date of July 15, 2009. The treatment to date has included physical therapy, left total knee replacement November 2012, left total knee replacement revision October 2013, and medications. Medical records from 2012 through 2013 were reviewed showing the patient undergoing left total knee replacement in November 2012 and left total knee replacement revision surgery in October 2013. The patient has difficulty with functional activities concerning the affected areas. The patient is able to ambulate with the use of a cane. The patient complained of left knee pain and swelling. The right knee was also symptomatic with pain and swelling. Physical examination demonstrated decreased range of motion for the bilateral knees. There was tenderness over the right medial joint and lateral joint lines. The patient has been noted to be a chronic opioid user since 2012 starting with Norco progressing over time with Oxycodone and Dilaudid. The utilization review from December 5, 2013 denied the requests for Mediderm Crème tid #2 for topical neuropathic pain; and Medipatch with Lidocaine patch 12 on 12 hr off night use due to lack of efficacy of topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIDERM CREME TID #2 FOR TOPICAL NEUROPHATIC PAIN.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 93,105,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin.

Decision rationale: Medi-Derm topical medication contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.035%. Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that Capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, Medi-Derm was prescribed for neuropathic pain. However, this contains drug classes that are not recommended. The guidelines do not recommend the use of compounded topical products that contain at least one drug class that is not recommended. Therefore, the request for Mediderm crÃ“me TID #2 for topical neuropathic pain is not medically necessary.

MEDIPATCH WITH LIDOCAINE PATCH 12 HOUR ON 12 HOUR OFF FOR NIGHT USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 93,105,111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin.

Decision rationale: Patch with Lidocaine has active components including Capsaicin 0.035%, Lidocaine 0.5%, Menthol 5%, and Methyl Salicylate 20%). Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding the Lidocaine component, California MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that Capsaicin in a 0.0375% formulation is not recommended for topical applications. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol

component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. In this case, Medi-Patch was prescribed as adjuvant therapy for oral medications. However, this contains drug classes that are not recommended. The guidelines do not recommend the use of compounded topical products that contain at least one drug class that is not recommended. Therefore, the request for Medipatch with Lidocaine patch 12 hour on 12 hour off for night use is not medically necessary.