

Case Number:	CM14-0006776		
Date Assigned:	02/07/2014	Date of Injury:	04/27/2009
Decision Date:	07/21/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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:

This is a 49-year-old gentleman with a date of injury 4/27/2009, with mechanism of injury unspecified, and the resulting diagnoses of left medial meniscus tear, left ACL tear, knee joint pain, discogenic pain, and lumbar sprain/strain. Progress report dated 12/26/2013 documents that the patient reports that his left knee pain is better after recent arthroscopic procedure, but does still persist; patient also states that low back pain is increased on the right side and radiating to the buttocks, with pain scale rating of 5/10. Treatments to date include left arthroscopic knee surgery x 3 including ACL repair procedure, and pain management with several medications including oral and topical medications. The request is for the following: Cyclogaba cream 10%, Savella 12.5 mg tablets, and Flurbiprofen cream 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOGABA CREAM 10%, 3 TIMES DAILY AS NEEDED FOR SPASMS AND HYPERSENSITIVITY: Upheld

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

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

Decision rationale: The request here is for Cyclogaba Cream 10%. The California MTUS chronic pain guidelines notate that "any compounded product that contains at least one drug or drug class that is not recommended is not recommended". The guidelines further note that Baclofen and other muscle relaxants (e.g. Cyclobenzaprine) are not recommended as a topical product. Additionally, there is no objective documentation that this medication has produced beneficial clinical results, particularly in light of the chronicity of the patient's symptoms. The muscle relaxants Cyclobenzaprine component of the topical Cyclogaba is not recommended, therefore the Cyclogaba Cream 10% is not recommended.

SAVELLA 12.5MG, #60 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Savella) Page(s): 62-63. Decision based on Non-MTUS Citation FDA and (<http://www.drugs.com/pro/savella.html>).

Decision rationale: Although California MTUS Chronic Pain Medical Treatment Guidelines states that Savella is not FDA approved and not available in the United States, a 2009 announcement by the US food and drug administration states that Savella (a selective serotonin and norepinephrine dual reuptake inhibitor) was approved in the management of fibromyalgia. With this current request, there is absence of clinical documentation that supports or denotes a confirmed diagnosis of fibromyalgia that is the only accepted clinical indication for Savella. In the absence of such documentation, the use of Savella is not justifiable.

FLURBIPROFEN CREAM 20% TWO TIMES DAILY AS NEEDED FOR PAIN AND INFLAMMATION: Upheld

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

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines state that topical analgesics are largely experimental with few randomized controlled trials to demonstrate efficacy or safety. NSAIDs are not recommended for topical applications according to the guidelines. Topical anti-inflammatories are not recommended for neuropathic pain. It has not been established in this case that there is any need for topical analgesics or that first-line oral agents have failed.