

Case Number:	CM14-0100713		
Date Assigned:	07/30/2014	Date of Injury:	06/24/2009
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational and Environmental has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 66 year old male with a 6-24-09 date of injury. He complains of his knee "giving out." He is status post total knee replacement 9-17-10. He is noted to walk with an antalgic gait and ambulates with a cane. He has tenderness to the medial lateral joint lines and patella (objective). No instability noted and individual has full range of motion. According to the medical records, the individual's pain seems to be controlled with his medications. The individual currently requests; Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% Topical Cream and Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025% Topical Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics, page(s) Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound Creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case, as it is not recommended. Lidocaine is only indicated for neuropathic pain after a first line has failed. It is only FDA approved for post-herpetic neuralgia. The individual does not have charted neuropathic pain or post-herpetic neuralgia. It is not recommended for non-neuropathic pain. As stated, since the compound contains at least one drug that is not recommended, the entire cream is not recommended. The Topical Analgesic Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% is not medically necessary.

Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025%: 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) , Capsaicin page(s) Page(s): 111-113, 28. Decision based on Non-MTUS Citation Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsant. MTUS states, "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." Insert a non-approved medication below. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns", a new alert from the FDA warns. MTUS states that the only "FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints." Tramadol would not be indicated for topical use in this case. Since the Tramadol is not recommended, the entire compound is not recommended. Tramadol 15%, Dextromethorphan 10%, Capsaicin 0.025% topical analgesic cream is not medically necessary.