MAXIMUS Federal Services

Case Number:	CM14-0108801		
Date Assigned:	08/01/2014	Date of Injury:	09/10/2009
Decision Date:	09/18/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation 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 a 50-year-old male forklift driver who sustained an injury to the bilateral knees and right shoulder on 9/10/2009. He has constant severe pain in the cervical spine aggravated by turning and using the arms, and it radiates down his hands with stiffness in the fingers. He also has severe aching and sharp pain in the thoracic spine that radiates to the left shoulder and constant aching and stabbing pain in the right shoulder made worse by movement. He has severe sharp and burning pain in the right elbow and severe aching with numbness in the right wrist and hand aggravated by use. MRI of the right knee without contrast showed small joint effusion, scarring of the infrapatellar Hoffa's fat pad and mild chondromalacia of the patella. MRI of the right shoulder without contrast on 03/27/15 showed mild arthritic changes of the acromioclavicular joint and osteoarthritic changes of the glenohumeral joint. He was diagnosed with cervical disc protrusion, cervical degenerative disc disease, lumbar disc protrusion, lumbar degenerative disc disease, and lumbar radiculopathy. His current medications include muscular pain topical compound (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, and Lidocaine 5%) and inflammation topical compound (Lidocaine 6%, Gabapentin 10%, and Tramadol 10%). Treatment plan has included use of a bilateral knee brace and 6 visits of physical medicine for bilateral knees, right shoulder, right elbow, wrist, and hand.The request for one container of topical compounded Lidocaine 6%, Gabapentin 10%, And Tramadol 10% 180 grams with 2 refills was denied on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of topical compounded Lidocaine 6%, Gabapentin 10%, And Tramadol 10% 180 grams with 2 refills: 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 Page(s): 111.

Decision rationale: According to the CA MTUS Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Per the CA MTUS Guidelines, Gabapentin and Tramadol are not recommended for topical use. There is no peer-reviewed literature to support use. The guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request for one container of topical compounded Lidocaine 6%, Gabapentin 10%, and Tramadol 10% 180 grams with 2 refills is not medically necessary.

One container of topical compounded Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, And Lidocaine 5% 180 grams with 2 refills: 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 Page(s): 111.

Decision rationale: According to the CA MTUS Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Per the CA MTUS Guidelines, Cyclobenzaprine and Baclofen are not recommended for topical use. There is no peer-reviewed literature to support use. Cyclobenzaprine is a central muscle relaxant which is also not recommended as there is no evidence of using any other muscle relaxant as a topical product. The guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request for one container of topical compounded Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, and Lidocaine 5% 180 grams with 2 refills is not medically necessary.