

Case Number:	CM14-0014589		
Date Assigned:	02/28/2014	Date of Injury:	11/18/2007
Decision Date:	08/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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 56-year-old female who has submitted a claim for bilateral knee pain, associated with an industrial injury date of November 18, 2007. The medical records from 2013 through 2014 were reviewed. The progress report, dated 11/27/2013, showed complaints of intermittent slight to moderate bilateral knee pain associated with stiffness, swelling, clicking and popping. Pain increased with daily activities. The physical examination revealed antalgic gait favoring the left lower extremity. The right knee was tender and swollen. The left knee was tender with limited range of motion. Patella femoral grinding test and McMurray test were both positive. There was no apparent instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot 180mg (Tramadol 8 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent, Capsaicin 0.05 Percent): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

Decision rationale: TGHOT contains Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%. According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. The topical formulation of Tramadol does not show consistent efficacy. Gabapentin is not recommended for topical applications. Regarding the Capsaicin component, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, states that topical Capsaicin has moderate to poor efficacy but may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Regarding the Menthol component, MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol or capsaicin were applied. The guidelines do not address camphor. In this case, the rationale of using a topical medication is to minimize possible gastrointestinal and neurovascular complications, and to avoid complications associated with the use of narcotic medications. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. TGHOT cream contains drug components that are not recommended for topical use. Therefore, the request for TG Hot 180gm (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) is not medically necessary.

Fluriflex 180gm: Upheld

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

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

Decision rationale: Fluriflex contains Flurbiprofen 15% and Cyclobenzaprine 10%. According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. Flurbiprofen, a topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), does not show consistent efficacy. Regarding the Cyclobenzaprine component, there is no evidence for use of any other muscle relaxant as a topical product. In general, compounded Flurbiprofen and Cyclobenzaprine do not show consistent efficacy and are not FDA approved. In this case, the rationale of using a topical medication is to minimize possible gastrointestinal and neurovascular complications, and to avoid complications associated with the use of narcotic medications. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Fluriflex contains drug components that are not recommended for topical use. Therefore, the request for Fluriflex Cream 180gm (Flurbiprofen 15%, Cyclobenzaprine 10%) is not medically necessary.