

Case Number:	CM14-0111027		
Date Assigned:	09/16/2014	Date of Injury:	03/16/2012
Decision Date:	11/04/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Medicine and is licensed to practice in 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:

The injured worker is a 48 year old male with cumulative dates of injury between 9-9-2007 and 3-9-2012. His diagnoses include right shoulder impingement, adhesive capsulitis, and tenosynovitis, right knee medial meniscal tear, left knee medial and lateral meniscal tears with a torn ACL, left cervical radiculopathy, mild carpal tunnel syndrome, ulnar neuropathy, sexual dysfunction, and sleep disorder. The neuropathy diagnoses were based on nerve conduction velocity testing. The injured worker has had arthroscopic surgery to each knee. The agreed medical examiner disagreed with the neuropathy diagnoses and felt instead that the picture was most consistent with levator scapular syndrome with the nerve conduction studies representing falsely positive findings. The AME examination from 4-28-2014 revealed normal upper and lower extremity neurologic exams, diminished right shoulder range of motion, a generally tender right shoulder girdle and rhomboid muscles, and a left knee which was tender to palpation with a positive McMurray's sign. He recommended physical therapy for the right shoulder and both knees. He also suggested a functional restoration program. The injured worker has been prescribed oral anti-inflammatories, oral opioids (Norco), and there is a request for 2 types of topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 180 grams: Upheld

Claims Administrator 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), compound drugs

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, Topical Analgesics

Decision rationale: Topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The theory behind using a topical NSAID is to achieve a therapeutic concentration in the tissue adjacent to the application, allowing for safe serum concentration. This would allow for less adverse GI events, eliminate first-pass metabolism and reduce risk of other GI events associated with higher systemic doses provided with oral formulations. Overall, a high concentration of drug is observed in the dermis and muscles (equivalent to that obtained orally), with less gastrointestinal effect. Topically applied NSAIDs appear to reach the synovial fluid of joints, although the mechanism for delivery remains unclear. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The effect appeared to diminish over time and it was stated that further research is required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. At this time, the only available FDA-approved topical NSAID is Diclofenac. In this instance, the compounded formulation contains Flurbiprofen which is not an FDA approved topical anti-inflammatory agent. The referenced guidelines do not specifically recommend either menthol or camphor as approved topical agents. Additionally, the provided documentation fails to establish why a topical NSAID is being added to an oral NSAID (Relafen). Therefore, the compound containing Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%, 180 grams, is not medically necessary per the referenced guidelines.

Gabapentin 10 %, Lidocaine 5%, Tramadol 15%, 180 grams: Upheld

Claims Administrator 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), compound drugs

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

Decision rationale: Topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. Topical Lidocaine is recommended for localized peripheral pain after

there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). It is unclear if a tricyclic antidepressant or an oral anti-epilepsy drug has been tried before topical Lidocaine. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the compound containing Gabapentin 10 %, Lidocaine 5%, Tramadol 15%, 180 grams, is not medically necessary.