MAXIMUS Federal Services

Case Number:	CM14-0112120		
Date Assigned:	08/01/2014	Date of Injury:	03/12/2014
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 52-year-old who reported an injury on March 12, 2014. The mechanism of injury is unknown. The injured worker has a diagnosis of severe chondromalacia of patella, bilateral knees, severe greater trochanteric bursitis of bilateral hips, lumbosacral spine strain, annular tears of L3-4 and L4-5, and radiculopathy of bilateral legs, chronic bilateral ankle sprain tendinitis. Past treatments included medication. The injured worker's surgical history included arthroscopic surgery of the right knee in 1998 and carpal tunnel release on the right side in 2003. The injured worker's diagnostic studies included an x-ray on April 29, 2014, a MRI of the lumbar spine on April 15, 2014 which revealed mild degenerative changes of the lumbar spine, and a MRI of the right knee on 04/15/2014. The note from May 27, 2014 revealed the injured worker had pain and swelling to the left knee, pain to the right knee, hip pain, and ankle pain. The injured worker has been authorized for physical therapy. No rationale was provided. The request for authorization was dated May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Lido 5% / Menthol % / Camphor 5%, three day supply and a 28 day supply: 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 Analgesic; Flurbiprofen; Lidocaine Page(s): 111; 72; 112.

Decision rationale: The injured worker has a history of knee pain, back pain, and ankle pain. The Chronic Pain Medical Treatment Guidelines state topical analgesic are recommended as an option as indicated below. They are largely experimental and used with few randomized controlled trials to determine efficacy or safety. They are primarily recommended 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 compound product that contains at least 1 drug or drug class that is not recommended, is not recommended. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic, SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants, or an AED [anti-epileptic drug] such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines indicate that lidocaine is only FDA approved in the form of patches. Furthermore, regarding NSAIDS, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The request has agents that are not supported by the guidelines. As such, the request for Flurbiprofen 20%/ Lido 5% / Menthol % / Camphor 5%, three day supply and a 28 day supply is not medically necessary or appropriate.

Tramadol 15%/ Dextro 10% / Cap 0.025%, three day supply and a 28 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Capsaicin Page(s): 82; 28.

Decision rationale: The injured worker has a history of knee pain, back pain, and ankle pain. The Chronic Pain Medical Treatment Guidelines state topical analgesic are recommended as an option as indicated below. They are largely experimental and used with few randomized controlled trials to determine efficacy or safety. They are primarily recommended 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 compound product that contains at least 1 drug or drug class that is not recommended, is not recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. There is no peer-reviewed literature to support use of Capsaicin. The guidelines also state regarding Capsaicin, it is recommended only as an option in patients who have not responded or tolerated other treatments, but the patient is not intolerant to treatments. The patient indicated that she found NSAIDs (non-steroidal anti-inflammatory drugs) to be helpful. The request has agents that are not supported by the guidelines. As such, the request for Tramadol

15%/ Dextro 10% / Cap 0.025%, three day supply and a 28 day supply is not medically necessary or appropriate.