

Case Number:	CM14-0123594		
Date Assigned:	08/08/2014	Date of Injury:	08/05/2011
Decision Date:	10/01/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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 in Emergency Medicine and is licensed to practice in Texas. 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 57 year old male with a reported date of injury on 08/05/2011. The mechanism of injury was a slip and fall. The injured worker's diagnoses included lumbar spondylosis with myelopathy, right medial meniscus tear, right knee bursitis, right patellar chondromalacia, left knee pain, reflux esophagitis, and internal derangement of the right knee. The injured worker's past treatments included medications, a knee brace, a cane, physical therapy, chiropractic treatment, and a cortisone injection. The injured worker has had an MRI but the date and results were not provided for review and multiple x-rays. The injured worker's surgical history included a right knee arthroscopy with a partial lateral meniscectomy, a partial medial meniscectomy, a synovectomy, and a chondroplasty of the medial tibial plateau on 08/23/2012. On 03/05/2014 the injured worker rated his pain as 6/10 while resting and 8/10 with activity. The clinician reported right knee flexion as 130/150 and extension as 0/0. The treatment plan was to continue chiropractic care and physical therapy. The injured worker was evaluated for moderate to severe pain of the right knee described as aching and sharp and aggravated by kneeling and walking, moderate to severe low back pain described as aching and sharp and aggravated by bending walking and standing, and constant moderate left knee pain described as popping and sharp and aggravated by kneeling and twisting. The clinician observed and reported spasm and tenderness to the bilateral lumbar paraspinal muscles from L4-S1 and multifidus. Kemp's test was positive bilaterally and the straight leg raise was positive on the right. The right patellar and hamstring reflexes were decreased. The injured worker used a cane in the left hand for ambulation and wore a knee brace on the right. There was spasm and tenderness measured at 3+ to the right anterior joint line and right quadriceps muscle. The Varus and anterior/posterior drawer tests were positive on the right while McMurray's test was positive bilaterally. The treatment plan was for 6 sessions of acupuncture, medications, and a 3D MRI of the bilateral

knees. The injured worker's medications included Motrin. The requests are for Topical Compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180 gm with 2 refills, Topical Compound (Fluribiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 gm with 2 refills, and Naproxen sodium 550 mg #90. No rationale for these requests was provided. No request for authorization form was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180 gm with 2 refills: 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): 111-113. Decision based on Non-MTUS Citation B LeBon, G Zeppetella, JJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The request for Topical Compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180 gm with 2 refills is not medically necessary. The injured worker complained of moderate to severe pain of the right knee described as aching and sharp and aggravated by kneeling and walking, moderate to severe low back pain described as aching and sharp and aggravated by bending walking and standing, and constant moderate left knee pain described as popping and sharp and aggravated by kneeling and twisting. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine may be 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 Anti-epileptic drugs (AEDs) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical gabapentin is not recommended as there is no peer-reviewed literature to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. Tramadol is an opioid and is not recommended for topical use per peer reviewed literature. Tramadol, Gabapentin, and Lidocaine in cream form are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. No evidence of trial and failure of antidepressant and/or antiepileptic medications was available for review. Additionally, the request did not include a dosage, frequency or site for application. Refills would not be indicated until and unless the injured worker's pain and function improved on re-evaluation. Therefore, the

request for for Topical Compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) 180 gm with 2 refills is not medically necessary.

Topical Compound (Fluribiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 gm with 2 refills: 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): 111-113.

Decision rationale: The request for Topical Compound (Fluribiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 gm with 2 refills is not medically necessary. The injured worker complained of moderate to severe pain of the right knee described as aching and sharp and aggravated by kneeling and walking, moderate to severe low back pain described as aching and sharp and aggravated by bending walking and standing, and constant moderate left knee pain described as popping and sharp and aggravated by kneeling and twisting. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). Topical lidocaine is indicated for neuropathic pain and 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical baclofen is not recommended as there is no peer-reviewed literature to support its use. Other muscle relaxants such as topical cyclobenzaprine are not recommended as there is no evidence to support the use of any other muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is a lack of documentation which indicates the injured worker has osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Cyclobenzaprine, Baclofen, and Lidocaine in cream form are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. No evidence of trial and failure of antidepressant and/or antiepileptic medications was available for review. Additionally, the request did not include a dosage, frequency or site for application and refills would not be appropriate without an evaluation of therapy to assess pain and functional improvement. Therefore, the request for Topical Compound (Fluribiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 gm with 2 refills is not medically necessary.

Naproxen sodium 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory's) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70-73.

Decision rationale: The request for Naproxen sodium 550 mg #90 is not medically necessary. The injured worker complained of moderate to severe pain of the right knee described as aching and sharp and aggravated by kneeling and walking, moderate to severe low back pain described as aching and sharp and aggravated by bending walking and standing, and constant moderate left knee pain described as popping and sharp and aggravated by kneeling and twisting. The California Medical Treatment Utilization Schedule (MTUS) Chronic Guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is a lack of documentation which indicates the injured worker has a diagnosis of osteoarthritis or is experiencing an acute exacerbation of chronic low back pain. The requesting physician's rationale for the request is not indicated within the provided documentation. The request does not include a dosage amount or frequency. Therefore, the request for Naproxen sodium 550 mg #90 is not medically necessary.