

Case Number:	CM14-0131827		
Date Assigned:	08/20/2014	Date of Injury:	11/17/2009
Decision Date:	10/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/18/2014

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 & 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 injured worker is a 46 year old female who reported an injury on 11/17/2009; the mechanism of injury was a slip and fall. Diagnoses included advanced tricompartmental osteoarthritis of both knees. Past treatments included right knee injection and medication. Diagnostic studies included an MRI of the left knee dated 04/18/2014 which indicated tricompartmental osteoarthritic changes and a torn anterior cruciate ligament. An MRI of the right knee was also completed on the same date but results were not provided. Surgical history included a knee arthroscopy in 2005. The clinical note dated 07/09/2014 indicated the injured worker complained of knee pain, right greater than left, rated 5/10 with medications and 6/10 without medication. Physical exam revealed tenderness to palpation of the knees, and decreased range of motion in the knees. Medications were listed as "oral meds and two topical creams". The treatment plan included Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 10 mg #1 and Gabapentin 10%, Lidocaine 5%, and Tramadol 15% 300 mg #1. The rationale for treatment and request for authorization were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 10mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: LeBon, G Zeppetella, IJ 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 Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 10 mg #1 is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that there is no evidence for the use of a muscle relaxant for topical application, including cyclobenzaprine. The guidelines note topical 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). Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids, like Tramadol, and that more robust primary studies are required to inform practice recommendations. There is a lack of documentation indicating the injured worker has osteoarthritis or tendinitis to a joint amenable to topical treatment. The use of muscle relaxants and opioids for topical application are not recommended. 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. Additionally, the request does not include indicators of frequency and location for use of the cream. Therefore the request for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 10 mg #1 is not medically necessary.

Gabapentin 10%, Lidocaine 5%, Tramadol 15% 300mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation LeBon, G Zeppetella, IJ 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 Gabapentin 10%, Lidocaine 5%, and Tramadol 15% 300 mg #1 is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical gabapentin is not recommended, as there is no peer-reviewed literature to support its use. 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. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids, like Tramadol, and that more robust primary studies are required to inform practice recommendations. Gabapentin, Lidocaine in cream, lotion, or gel form, and Tramadol 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. Additionally, the request does not include indicators of frequency and location for use of the creams. Therefore, the request for Gabapentin 10%, Lidocaine 5%, and Tramadol 15% 300 mg #1 is not medically necessary.