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| Case Number: | CM14-0133660 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 12/16/2009 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 patient is a 37-year-old male who has submitted a claim for complex regional pain syndrome associated with an industrial injury date of December 16, 2009. Medical records from 2013 to 2014 were reviewed. The patient is right knee surgery. He complains of right knee pain medially, accompanied by hypersensitivity. Physical examination did confirm hypersensitivity to light touch medially which extends proximally to the most proximal portal. The diagnosis was right knee status post arthroscopically assisted ACL reconstruction with allograft, medial meniscal repair, trephination of the lateral meniscus, chondroplasty of the patella, and excision of giant cell tumor of the tendon sheath on October 31, 2012; postoperative complex regional pain syndrome; and partial tear of the ACL with multiple possible foreign bodies status post arthroscopic graft, debridement, partial synovectomy and biopsy on June 13, 2014. Treatment to date has included oral analgesics, Lyrica, physical therapy, home exercise program, TENS, and right knee surgery. Utilization review from August 6, 2014 denied the request for Gabapentin 180mg, Cyclobenzaprine 1% and Lidocaine 5%. Compound delivery systems are not generally FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Compound Gabapentin 180 mg Cyclobenzaprine 1% Lidocaine 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medication-compound drugs.

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

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS does not support the use of Gabapentin in a topical formulation. Regarding the Lidocaine component, the guideline states that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Also, there is no evidence to support the use of topical cyclobenzaprine and its addition to other agents is not recommended. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Lyrica was previously taken for neuropathic pain. However, response to treatment was not discussed. The guideline recommends topical medications for neuropathic pain when first line agents have failed. Moreover, all the components of the requested compounded medication are not recommended. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Medication Compound Gabapentin 180 mg Cyclobenzaprine 1% Lidocaine 5% is not medically necessary.