

Case Number:	CM14-0136178		
Date Assigned:	10/08/2014	Date of Injury:	05/12/2003
Decision Date:	10/31/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 years old male with a date of injury of 5/12/2003. The mechanism of injury was not provided for review. His diagnoses include thoracolumbar myofascial syndrome, internal derangement of both knees, and insomnia. On physical exam he has an antalgic gait and there is paracervical musculature tenderness and spasm with decreased neck range of motion and thoracolumbar paravertebral musculature and shoulder tenderness with spasm and decreased range of motion. There is tenderness and crepitus of the knees with decreased range of motion. Treatment has consisted of medical therapy with Cymbalta, Lidoderm patches, Gabapentin, Clonazepam, and topical compounded medications. The treating provider has requested Compound Cream; Ketamine 8%, Flurbiprofen 8%, Gabapentin 6%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, Hyaluronic acid 2%; 240gm #1, with 5 refills and Diclofenac 10%, Flurbiprofen 10%, Gabapentin 6%, Lidocaine 5%, Hyaluronic acid 2%; 240gm #1, with 5 refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream; Ketamine 8%, Flurbiprofen 8%, Gabapentin 6%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, Hyaluronic acid 2%; 240gm #1, with 5 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: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Gabapentin is not recommended in topical formulations due to a lack of peer-reviewed literature to support the topical use for the treatment of chronic pain. In addition, topical NSAIDs like Flurbiprofen have been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Therefore, the request of compound Cream; Ketamine 8%, Flurbiprofen 8%, Gabapentin 6%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, Hyaluronic acid 2%; 240gm #1, with 5 refills is not medically necessary and appropriate.

Compound Cream; Diclofenac 10%, Flurbiprofen 10%, Gabapentin 6%, Lidocaine 5%, Hyaluronic acid 2%; 240gm #1, with 5 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: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Gabapentin is not recommended in topical formulations due to a lack of peer-reviewed literature to support the topical use for the treatment of chronic pain. In addition, topical NSAIDs like Flurbiprofen have been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Therefore, the request of compound Cream;

Diclofenac 10%, Flurbiprofen 10%, Gabapentin 6%, Lidocaine 5%, Hyaluronic acid 2%; 240gm #1, with 5 refills is not medically necessary and appropriate.