MAXIMUS Federal Services

Case Number:	CM14-0142109		
Date Assigned:	09/10/2014	Date of Injury:	08/10/2011
Decision Date:	11/05/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 57-year-old male who reported an injury on due to a slip and fall while carrying furniture down some steps on 08/10/2011. On 05/27/2014, his diagnoses included right knee strain/sprain, left knee mediolateral meniscus degeneration, lumbosacral disc, and abdominal pain. His complaints included persistent pain of the low back and both ankles. The low back pain radiated to the right lower extremity. His pain was affecting his ability to perform his activities of daily living. The treatment plan included FCMC/Keto creams. There was no documentation submitted in the injured worker's chart dated 07/01/2014. There was no rationale or Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tram/Gaba/Menth/Camp/Cap (8%,10%, 2%, 2%, 0.5%gm) provided on 7/1/14: Upheld

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

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

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including opioids, antiepilepsy medications, and capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support its use. Capsaicin is generally available as a 0.025% formulation for the treatment of osteoarthritis. There have been no studies of a 0.05% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not support the use of this compounded cream. Therefore, this retrospective request for tram/gaba/menth/camp/cap (8%, 10%, 2%, 2%, 0.5% gram) provided on 7/1/14 is not medically necessary.

Retrospective request for Flur/Cyclo (10%,10% gm) provided on 7/1/14: Upheld

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

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

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including NSAIDs and muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use in humans. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There is no evidence for the use of any muscle relaxant as a topical product. The guidelines do not support the use of this compounded cream. Therefore, this retrospective request for flur/cyclo (10%,10% gram) provided on 7/1/14 is not medically necessary.