

Case Number:	CM14-0150607		
Date Assigned:	09/18/2014	Date of Injury:	10/01/2012
Decision Date:	12/18/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 36-year-old female with a 10/1/12 date of injury. The injury occurred when she slipped off a bumper with her right foot and fell, hitting her right lower leg. Her left leg slipped off the truck behind her and she fell down, landing on her left foot. According to a progress report dated 8/1/13, the patient complained of right knee, head, cervical, thoracic, and lumbar spine, chest, rib, lower leg, and feet pain. Objective findings: no change since last visit on 6/20/13. Diagnostic impression: head trauma, cervical and lumbar spine musculoligamentous injury, axial loading type injury, bilateral knee musculoligamentous injury, and right leg trauma. Treatment to date: medication management, activity modification. A UR decision dated 8/22/14 denied the request for Retrospective request for medications Terocin patch, Genicin, Flurbiprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol dispensed on 09/20/2013 for treatment of right knee. The topical compounded medications Terocin patch, Genicin, and Flurbiprofen/Lidocaine/Amitriptyline were not indicated for the patient's knee pain or other localized persistent musculoskeletal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Terocin patch, Genicin, Flurbiprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol dispensed on 09/20/2013 for treatment of right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Glucosamine Page(s): 25, 28, 111-113, 50. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). CA MTUS states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. However, in the present case, guidelines do not support the use of Flurbiprofen, Lidocaine, Amitriptyline, Gabapentin, Cyclobenzaprine, or Tramadol in a topical cream/lotion formulation. In addition, the guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). The documentation provided does not include this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as gabapentin. Regarding Genicin (glucosamine), there is no documentation that this patient has a diagnosis of arthritis. Therefore, the request for Retrospective request for medications Terocin patch, Genicin, Flurbiprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol dispensed on 09/20/2013 for treatment of right knee is not medically necessary.