

Case Number:	CM14-0170636		
Date Assigned:	10/23/2014	Date of Injury:	06/15/2013
Decision Date:	12/11/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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 Maryland. 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 employee was a 42 year old male who sustained an industrial injury on 06/15/13 when a box filled with rolls of labels fell from about 2 feet high on his right leg under knee and shin area. Prior treatments included physical therapy, medications, right knee arthroscopy, partial medial and lateral meniscectomies and excision of an ACL cyst. The clinical note from 09/11/14 was reviewed. Subjective complaints included right knee pain with burning sensation, pins and needles tingling and cramps. His medications included Norco. Pertinent examination findings included mild inflammation of the right knee, well healed portal surgical scar and tenderness to palpation over the right popliteal and peripatellar areas. McMurray's test was positive on the right side with positive crepitus. Diagnoses included right knee crush injury, status post right knee surgery, right knee pain and medication induced gastritis. The plan of care included physical therapy, IF unit and a hot/cold unit, Pantoprazole 20mg and topical compounded creams. The request was for Flurbiprofen 20% Tramadol 15% Menthol 2% camphor 2% capsaicin 0.025% in 240 gram tube and Tramadol 15% Gabapentin 10% Lidocaine 5% cream in 240 gram tube. According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical medication per MTUS guidelines and Lidocaine topically is indicated for neuropathic pain after there has been evidence of a trial of first line therapy with antidepressants or AEDs. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical NSAIDs are indicated in osteoarthritis of knee, elbow, ankle, foot and hand. But only Voltaren gel is the FDA approved topical formulation for NSAIDs. The employee had no evidence of neuropathic pain and had no documentation on what first line medications had been tried and failed. It is also not clear why topical opioids are being used while the medication list has Norco. Since the employee

does not meet the MTUS criteria for necessity of some of the components of the compound topical, the whole topical compounds are not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Compounds 31 Fluriprofen 20% Tramadol 15% Methole 2% Caocaisin 0.025% In 240gram Tube 32 Tramadol 15% Gabapentin 10% Lidocaine 5% Cream in 240 gram tube: 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): 112-113.

Decision rationale: According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical medication per MTUS guidelines and Lidocaine topically is indicated for neuropathic pain after there has been evidence of a trial of first line therapy with antidepressants or AEDs. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical NSAIDs are indicated in osteoarthritis of knee, elbow, ankle, foot and hand. But only Voltaren gel is the FDA approved topical formulation for NSAIDs. The employee had no evidence of neuropathic pain and had no documentation on what first line medications had been tried and failed. It is also not clear why topical opioids are being used while the medication list has Norco. Since the employee does not meet the MTUS criteria for necessity of some of the components of the compound topical, the whole topical compounds are not medically necessary or appropriate.