

Case Number:	CM14-0181547		
Date Assigned:	11/06/2014	Date of Injury:	09/30/2004
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular 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 patient is a 57 year old female who had a work injury dated 9/30/04. The diagnoses include internal derangement of the knees. Under consideration is a request for compounded cream Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%; Bupivacaine 1%, Lidocaine 5%; and Fluticasone 1% 360gm with 3 refills. Per documentation there is a 10/7/14 note that states that the patient continues to have pain to the bilateral ankles and right knee. Her pain level is 7-10/10. There is a 9/17/14 document that states that the patient has bilateral knee and left foot pain. She injured her left foot, and then she gives history of a fall injured her right knee and right ankle. She has had multiple surgeries. The injury occurred at work. The patient rates the pain as 9/10 with zero being no pain and 10 being the worst pain possible. The patient rates the pain intensity as 7/10. Pain average over 7 days is 7/10. She denies radiation of pain to any other location. The pain is characterized as aching, boring, deep-pressure and dull. The pain is intermittent. Multiple right knee surgeries including hardware removal, right ankle surgeries, removal of hardware, and left knee surgery. On exam the patient has a left sided antalgic gait. Inspection of the knee joint reveals deformity (Surgical) and surgical scar. Tenderness to palpation is noted over the medial joint line and patella. There is 1+ effusion of the right knee joint. Distal and proximal pulses are palpable. McMurray's test is negative. Inspection of the foot reveals no swelling, deformity, nodules, corns, calluses or flat foot deformity. Range of motion is restricted with inversion limited to 10 degrees and eversion limited to 10 degrees. Tenderness to palpation is noted over the metatarsophalangeal joint of 2nd toe and 3rd toe, 1st metatarsal, 2nd metatarsal and mid-foot. No edema present. Strength is 5/5 in all major muscle groups. Sensation is intact to light touch and pinprick. Reflexes are equal and symmetric bilaterally in the upper

and lower extremities. Babinski is negative. Romberg's is negative; Finger-to-nose coordination is within normal limits. Gait without ataxia. The treatment plan includes starting Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Cream - Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%; Bupivacaine 1%, Lidocaine 5%; Fluticasone 1% 360gm with 3 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: Compounded cream of Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%; Bupivacaine 1%, Lidocaine 5%; and Fluticasone 1% 360gm with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not support topical Gabapentin, Lidocaine in cream, lotion or gel form, Baclofen, or Cyclobenzaprine. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded cream contains multiple drugs that are not supported for topical use by the MTUS, therefore the entire compound cream Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%; Bupivacaine 1%, Lidocaine 5%; and Fluticasone 1% 360gm with 3 refills is not medically necessary.