MAXIMUS Federal Services

Case Number:	CM14-0024418		
Date Assigned:	06/11/2014	Date of Injury:	09/25/2013
Decision Date:	07/28/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 51-year-old female with a reported date of injury on 09/25/2013. The injury reportedly occurred when the injured worker hit a bottom drawer with her left knee and then fell onto her left knee. Her previous treatments were noted to include a TENS unit, physical therapy, and medications. Her diagnoses were noted to include lumbosacral strain, cervical strain, left knee contusion, and face/scalp/neck contusion. The progress note dated 02/26/2014 reported the injured worker complained of occasional to intermittent dull, achy, sharp, throbbing headache and constant moderate dull, achy, sharp neck pain and left knee pain. The physical examination reported the lumbar spine had a decreased range of motion with pain radiating to the bilateral legs, left greater than right, and the knee had decreased range of motion with pain and swelling. The Request for Authorization Form dated 02/26/2014 for compound topical cream 240 g flurbiprofen - flurbiprofen 20%/tramadol 20% in Mediderm base; 240 g gabapentin - gabapentin 13%/dextromenthrophan 10%/amitriptyline 10% in Mediderm base; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream - 240 grams flurbiprofen-flurbiprofen 20% Tramadol 20% in Mediderm base; 240 grams Gabapentin-gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base: 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 Page(s): 111-113.

Decision rationale: The injured worker has complained of head, cervical spine, lumbar spine, and left knee. The Chronic Pain Medical Treatment Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is also no research to support the use of many of these agents. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. The guidelines state topical non-steroidal anti-inflammatory drugs (NSAIDs) have been inconsistent and most studies are small and of short duration regarding efficacy. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two (2) weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve (4 to 12) weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. There is a lack of documentation regarding the diagnosis of osteoarthritis to warrant topical flurbiprofen. The guidelines do not recommend the use of gabapentin for utilization in a topical analgesic. Therefore, due to the guidelines not recommending flurbiprofen, due to a lack of diagnosis regarding osteoarthritis and not recommending gabapentin for utilization in a topical analgesic, the compounded topical creams are not warranted at this time. Additionally, the request failed to provide the frequency or body region at which these medications are to be utilized. As such, the request is not medically necessary.