

Case Number:	CM14-0026189		
Date Assigned:	06/13/2014	Date of Injury:	03/21/2000
Decision Date:	08/14/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 62-year-old female who reported an injury on 03/21/2000. The mechanism of injury was not submitted in the report. The injured worker complained of having intense pain to the right knee and lumbar spine. She also reported pain in the left knee. The injured worker rated her pain a 5/10 on VAS. Physical findings revealed medial tenderness and a limping ambulation to bilateral knees. The injured worker has diagnoses of chronic pain state, GERD, hypertension, pre diabetes, anxiety/depression/insomnia, dyslipidemia, obesity, overactive bladder, constipation (medication/stress related), hyperhomocysteinemia, status post right knee surgery on 04/30/2012, and hypothyroidism. Past treatment of the injured worker include a back brace, LESI, aquatic therapy, physical therapy, and medication therapy. Injured worker's medication include Morphine Sulfate 15 mg 1 tablet as needed every 8 hours, Avinza 30 mg capsules 1 capsule per day, Lactulose 10 gram packet 1 pack mixed with 4 ounces of water once daily, Miralax 1 tablespoon as directed, Lisinopril 20 mg 1 tablet per day, Norvasc 5 mg 1 tablet per day, and Zoloft 50 mg 1 tablet per day. The current treatment plan is for Theraflex transdermal cream for topical use, both knees and lumbar spine as an outpatient. The rationale and Request for Authorization for were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX TRANSDERMAL CREAM FOR TOPICAL USE, BOTH KNEES AND LUMBAR SPINE AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, NSAIDs, specific drug list & adverse effects, Topical Analgesics Page(s): 41, 72, 111-113.

Decision rationale: The request for Theraflex Transdermal cream for topical use, both knees and lumbar spine as an outpatient is non-certified. The injured worker complained of increased pain to the right knee and lumbar spine. The injured worker also reported pain in the left knee as well but not as painful as the right knee. She rated her pain at a 5/10 on VAS. The California Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. MTUS guidelines also state that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Guidelines regarding Flurbiprofen state that this medication is generally not recommended in the elderly due to increased risk of adverse effects. Theraflex cream is a compounded medication that utilizes Flurbiprofen, Cyclobenzaprine, and Menthol. According to the guidelines above, these type of compounded topical creams are not recommended by the MTUS. As such, the request for Theraflex Transdermal cream for topical use, both knees and lumbar spine as an outpatient is non-certified.