

Case Number:	CM14-0030191		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2008
Decision Date:	07/25/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery 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 56-year-old female who reported an injury after she fell on 06/24/2008. The clinical note dated 01/27/2014 indicated diagnoses of impingement syndrome and chondromalacia patella. The injured worker reported bilateral knee pain that was worse with damp and cold weather and the injured worker reported difficulty with exercising due to pain in both knee joints. The injured worker reported more pain in the right knee than in the left knee. The injured worker reported the electrical stimulator has helped. The injured worker had participated in aquatic exercises. She reported she was trying to lose weight. On physical examination, the injured worker had bilateral slight medial sub patella facet tenderness with minimal to slight joint effusion bilaterally and both knees were slightly warm to touch. The injured worker had patellofemoral crepitation both palpable and audible in the right knee. The injured worker had tenderness over the left greater occipital nerve with slight tenderness over the left cervical paraspinal muscles. The injured worker's prior treatments included diagnostic imaging, surgery, aqua therapy, and medication management. The injured worker's medication regimen included Ultram, Ambien, and transdermal patch. The provider submitted a request for topical analgesic cream consisting of flurbiprofen, cyclobenzaprine, lidocaine, and ultraderm and topical analgesic cream consisting of capsaicin, menthol, and camphor. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical analgesic cream consisting of flurbiprofen, cyclobenzaprine, lidocaine and ultraderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medication; Topical analgesics Page(s): 71.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a Non-Steroid Anti-Inflammatory Drug (NSAID) indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (4-12 weeks). There is little evidence to utilize topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Cyclobenzaprine is a muscle relaxant. The guidelines state there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The guidelines only recommend Lidocaine in the formulation of the dermal patch Lidoderm, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was lack of evidence that other antidepressants and anticonvulsants had failed. Additionally, flurbiprofen is an NSAID that is indicated for osteoarthritis and tendinitis, in particular that of the knee, elbow, or other joints that are amenable to topical treatment. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis or tendinitis. In addition, cyclobenzaprine is not recommended. The Guidelines indicate any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Moreover, lidocaine is not indicated in this form. Furthermore, the request does not indicate a dosage, frequency, or quantity for this topical analgesic cream. Therefore, the request for Topical analgesic cream consisting of flurbiprofen, cyclobenzaprine, lidocaine and ultraderm is not medically necessary and appropriate.

Topical analgesic cream consisting of capsaicin, menthol and camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medication; Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. It was not indicated when or if the injured worker completed a trial of antidepressants and failed or anticonvulsants. In addition, the documentation submitted did not indicate the injured worker was intolerant to other treatments. Additionally, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for postherpetic neuralgia, diabetic neuropathy, and/or post mastetic pain. Furthermore, the provider did not indicate a dosage, frequency, or quantity for this topical analgesic cream. Therefore, the request for Topical analgesic cream consisting of capsaicin, menthol and camphor is not medically necessary and appropriate .