

Case Number:	CM14-0032722		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2008
Decision Date:	09/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 07/26/2008. The mechanism of injury was the injured worker was carrying a large box of paper towels and fell on her right knee. The injured worker's diagnosis included joint pain in the leg. The surgical history was not contributory. The prior treatments included physical therapy, chiropractic treatments, as well as cortisone injections. The injured worker was noted to be utilizing topical creams such as Fluriflex and TG Hot as of 11/2013. The documentation of 11/11/2013 revealed the injured worker had complaints of low back pain and bilateral knee pain as well as left ankle pain. The injured worker had complaints of increased lower extremity radicular symptoms and bilateral lower extremity weakness. The physical examination revealed the injured worker ambulated with the use of a single point cane. The injured worker had decreased range of motion. The injured worker had a positive Braggard's test on the left. The injured worker had decreased sensation of the left L3, L5, and S1 dermatomes. The diagnosis included right lower extremity radiculitis and left lower extremity radiculitis, rule out radiculopathy. The treatment plan included Vicodin 5% per 500 mg, Fexmid 7.5 mg, and topical creams such as TG Hot and Fluriflex. There was no DWC Form Request for Authorization submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Medication.

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

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a 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 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. The request as submitted failed to indicate whether the request was for topical or oral NSAIDs. However, the documentation indicated it was for topical use. The duration of use could not be established. The request as submitted failed to indicate the frequency, quantity, strength, and body part to be treated with the Flurbiprofen. Given the above, the request for Flurbiprofen is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines indicate that Cyclobenzaprine is recommended for a short course of therapy for not longer than 2 to 3 weeks. They do not recommend the use topical use of Cyclobenzaprine, as there is no evidence for the use of other muscle relaxants as topical products. The addition of Cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate whether the usage was for topical or oral use. The duration of use could not be established. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. Given the above, the request for Cyclobenzaprine is not medically necessary.

Ultraderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Topical Analgesics, Topical Salicylates, Topical Capsaicin Page(s): 82, 113 28, 105, 111.
Decision based on Non-MTUS Citation Medical Evidence: FDA.gov.

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Salicylates are recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to indicate the duration of use. There was a lack of documentation indicating exceptional factors to warrant non adherence to guideline recommendations. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a concurrent request for Gabapentin powder. There was a lack of documentation indicating a necessity for 2 creams with Gabapentin. The duration of use could not be established. The request as submitted failed to indicate the frequency, quantity, and strength. Given the above, the request for Ultraderm is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of the other recommended criteria. The request as submitted failed to indicate whether the requested medication was for topical or oral use. The duration of use could not be established. There was a lack of documentation indicating a necessity for both the topical and oral form of the medication. The request as submitted failed to indicate the frequency,

quantity, and strength for the requested medication. Given the above, the request for Tramadol is not medically necessary.

Gabapentin Powder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream.

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

Decision rationale: The California MTUS Guidelines do not recommend the use of Gabapentin topically, as there is no peer reviewed literature to support its use. This request is concurrently being reviewed with a request for Ultraderm cream, which includes topical Gabapentin. There was a lack of documentation indicating a necessity for 2 topicals with the same medication. The duration of use could not be established. The request as submitted failed to indicate the frequency, quantity, and strength for the requested powder. Given the above, the request for Gabapentin powder is not medically necessary.

Menthol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: The California MTUS Guidelines recommend salicylate topicals. There was a lack of documentation indicating a necessity for the requested medication. There was no rationale for the requested medication. The duration of use could not be established. The frequency and strength were not provided. The request as submitted failed to indicate the frequency, quantity, and strength for the requested Menthol. Given the above, the request for Menthol is not medically necessary.

Camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The California MTUS Guidelines recommend salicylate topicals. There was a lack of documentation indicating a necessity for the requested medication. There was no rationale for the requested medication. The duration of use could not be established. The request

as submitted failed to indicate the frequency, quantity, and strength for the requested Camphor. Given the above, the request for Camphor is not medically necessary.

Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin Page(s): 111 28.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of anticonvulsants and antidepressants. Additionally, the request was concurrently being reviewed with a request for Ultraderm cream, which includes topical Capsaicin. There was a lack of documentation indicating a necessity for 2 forms of the same medication. The duration of use could not be established. The request as submitted failed to indicate the frequency, quantity, and strength of the medication. Given the above, the request for Capsaicin is not medically necessary.