MAXIMUS Federal Services

Case Number:	CM14-0036519		
Date Assigned:	06/25/2014	Date of Injury:	08/01/2002
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 Rehabilitataion, and is licensed to practice in California and Washington. 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 64-year-old with a reported date of injury of August 1, 2002. The mechanism of injury was not submitted within the medical records. Her previous treatments were noted to include medications and physical therapy. Her diagnoses were noted to include spinal sprain/strain syndrome, right knee internal derangement, right knee contusion, morbid obesity, lumbar discopathy, and bilateral patellofemoral chondromalacia. The progress note dated February 28, 2014 reported the injured worker indicated her low back pain was persistent with radiation to the bilateral lower extremities, described as aching and burning, and rated 8/10. The injured worker also reported her right knee pain persisted as well, which was rated 8/10. The injured worker also complained of ongoing burning and stabbing pain in her left shoulder with pins and needle sensations to her left arm. The physical examination of the lumbar spine was reported as the injured worker being exquisitely uncomfortable and there was significant tenderness in the paralumbar musculature. The range of motion testing performed was noted as forward flexion to 50 degrees, extension to 10 degrees, tilt to the right/left was 10 degrees with increased pain and discomfort. It was also noted there was paraspinous muscle spasm bilaterally. There was noted a weakness of foot dorsiflexor and toe extensor bilaterally as well decreased sensation on the lateral aspect of the tibia and on some of the foot bilaterally. The injured worker was also noted to have a positive straight leg raise bilaterally. The right knee was noted to have a positive patellar grind maneuver and the patellar tracking was abnormal. There was noted hamstring tenderness as well as tenderness over the medial and lateral aspects. The McMurray's testing and varus-valgus stress tests were positive. The right knee was noted to have full motor strength rated 5/5. The request for authorization form dated February 28, 2014 was for Fluriflex cream and TGHot cream; 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:

Fluriflex (flurbiprofen/cyclobenzaprine 10/10%) cream 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has been taking this medication since October of 2012. The California 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 control trials to determine efficacy or safety. 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, is not recommended. The guidelines recommend the efficacy and clinical trials for topical NSAIDs (non-steroidal anti-inflammatory drugs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another two-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for four to twelve weeks. In the study, the effectiveness appeared to diminish over time and it was stated further research was required to determine if the results were similar for all durations. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, and are recommended for short-term use (four to twelve weeks). There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis to the spine, hip, or shoulder, and it is not recommended for neuropathic pain. the guidelines also state muscle relaxants are not recommended for use as a topical product due to lack of evidence. The guidelines support the use of topical NSAIDs for osteoarthritis; however, the injured worker does not have a diagnosis of osteoarthritis to the knee or any joint that is amenable to topical treatment. The guidelines also do not recommend muscle relaxants as a topical analgesic to which the cyclobenzaprine is not recommended. Therefore, due to the flurbiprofen and cyclobenzaprine not being recommended, and a lack of a diagnosis in regards to osteoarthritis, the request for Fluiflex cream is not warranted at this time. Additionally, the request failed to provide the frequency and body region at which this medication is to be utilized. The request for Fluriflex (flurbiprofen/cyclobenzaprine 10/10%) cream 180gm is not medically necessary or appropriate.

TGHot (Tramadol/Gabapentin/Menthol/Camphor/capsaicin 8/10/2/2/0.5%) cream 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has been taking this medication since at least October of 2012. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. 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, is not recommended. The guidelines recommend capsaicin only as an option in injured workers who have not responded or are intolerant to other treatments. The guidelines state formulations of capsaicin are generally available as 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy, and post mastectomy pain). there have been no studies of a 0.0375% formulation of capsaicin and there are no current indications that this increase over 0.025% formulation would provide any further efficacy. The guidelines state indications for capsaicin are osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. The guidelines state although topical capsaicin has moderate to poor efficacy, it may be particularly useful in injured workers whose pain is not controlled successfully with conventional therapy. The guidelines also state that gabapentin is not recommended due to a lack of peer-reviewed literature to support the use. Therefore, due to the gabapentin being not recommended by the guidelines as well as the capsaicin 0.5% formulation exceeds the guidelines, the request for TGHot is not warranted at this time. Additionally, the request failed to provide the frequency and body region at which this medication is to be utilized. The request for TGHot (Tramadol/Gabapentin/Menthol/Camphor /capsaicin 8/10/2/2/0.5%) cream 180gm is not medically necessary or appropriate.