

Case Number:	CM14-0045859		
Date Assigned:	09/03/2014	Date of Injury:	04/30/2008
Decision Date:	10/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine and is licensed to practice in California and Hawaii. 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:

This case is a 57 year old male with a date of injury on 4/30/2008. A review of the medical record indicates the patient undergoing treatment for right knee arthritis. Subjective complaints (11/1/2013) include right knee pain that is moderate and decreasing with Norco and Tramadol. Objective findings (11/1/2013) include antalgic gait, no swelling. Treatment has included total right knee replacement 10/4/2013, physical therapy (unknown number of sessions), Norco, Tramadol, and Naprosyn. A utilization review dated 3/19/2014 non-certified a request for compound medication tramadol/amitriptyline/dextromethorphan and Lidocaine/ketoprofen/gabapentin due to lack of support from ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol/Amitriptyline/Dextromethorphan (DOS) 2/7/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Tramadol California (MTUS) states that the only Food and Drug Administration (FDA) - approved non-steroidal anti-inflammatory drugs (NSAID) medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. Amitriptyline California (MTUS) and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. *Anesthesiology*. 2005;103:140-6) and found that "This randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups." Dextromethorphan California (MTUS) and ODG make no recommendation regarding topical Dextromethorphan. In this case, there is one medication that is not recommended by MTUS and ODG: Tramadol. Per MTUS, a compound that contains a non-recommended component renders the whole compound non-recommended. As such, the request for Tramadol/Amitriptyline/Dextromethorphan (DOS) 2/7/14 is not medically necessary.

Retrospective request for Lidocaine/Ketoprofen/Gabapentin (DOS 2/7/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. California MTUS states, "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." Gabapentin California MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Ketoprofen is "not currently Food and Drug Administration FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. In this case, there are three medications that are not recommended by MTUS and ODG: Lidocaine, ketoprofen, and gabapentin. Per MTUS, a compound that contains a non-recommended component renders the whole compound non-recommended. As such the request for Lidocaine/Ketoprofen/Gabapentin (DOS 2/7/14) is not medically necessary.