

Case Number:	CM14-0047408		
Date Assigned:	07/02/2014	Date of Injury:	06/09/2012
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/15/2014

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 62-year-old male who reported an injury on 07/08/2012. The mechanism of injury was not provided in the medical records. His diagnoses include bilateral knee sprain/strain, lumbar spine sprain/strain, lumbar degenerative disc disease, joint effusion of the bilateral knees, left knee internal derangement, gastritis and insomnia. His past treatments were noted to include epidural steroid injections, oral medications, and topical analgesics. On 12/12/2013, the injured worker presented with complaints of pain in the low back and bilateral knees. His physical examination revealed tenderness to palpation over the lumbar paraspinal muscles, normal sensation to the bilateral lower extremities, and limited range of motion of the bilateral knees secondary to pain. His medications were noted to include Cyclobenzaprine, ibuprofen, Tramadol ER, Pantoprazole, and transdermal compounds. The treatment plan included medication refills and a urine drug screen. A specific rationale for the requested topical compounds was not provided in the medical records. The request for authorization form for the request was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound (Gabapentin 10%, Lidocaine 5%, Tramadol 15%) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines(updated 03/27/2014) Compound Drugs: Criteria for Compound Drugs.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The guidelines also state that any topical compounded product that contains at least 1 drug that is not recommended is also not recommended for use. In regard to Gabapentin, the MTUS Guidelines state that there is no peer-reviewed literature to support topical use of Gabapentin. In regard to Lidocaine, the guidelines state that Lidocaine is only recommended to treat neuropathic pain in the formulation of Lidoderm patches and no other commercially approved topical formulations such as creams or lotions are indicated for neuropathic pain. As the topical compound requested contains Gabapentin and Lidocaine cream; which are not supported by the guidelines; the recommended compound is also not supported. As such, the request is not medically necessary.

Topical Compound (Flurbiprofen 25%, Cyclobenzaprine 2%) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines(updated 03/27/2014) Compound Drugs: Criteria for Compound Drugs.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The guidelines also state that any topical compounded product that contains at least 1 drug that is not recommended is also not recommended for use. In regard to Flurbiprofen, the guidelines state that topical nonsteroidal anti-inflammatory drugs (NSAIDs) may be recommended for the short-term treatment of osteoarthritis symptoms of joints amenable to topical treatment. However, there is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. In regard to topical Cyclobenzaprine, the guidelines state that there is no evidence for use of muscle relaxants as topical products. The clinical information submitted for review indicated that the injured worker had low back and knee pain. However, she was not noted to have a diagnosis of osteoarthritis in either area to warrant the use of topical NSAIDs. As the topical compound requested contains Flurbiprofen and Cyclobenzaprine; which are not supported; the topical compound is also not supported. As such, the request is not medically necessary.