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| Case Number: | CM14-0063818 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 11/13/2013 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/06/2014 |

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 & Rehabilitation and is licensed to practice in Illinois. 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 31-year-old female with a reported date of injury on 11/13/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right knee and ankle sprain/strain, medial meniscus tear, right ankle effusion /tenosynovitis, ankle edema and insomnia. Her previous treatments were noted to include physical therapy, acupuncture, and medications. The progress note dated 04/08/2014 revealed complaints of right knee pain, which was rated as moderate to occasionally severe. There was no radiation of pain but the injured worker reported numbness and tingling sensation with cramping of the knee. The injured worker complained of right ankle pain rated mild to occasionally moderate. There was no radiation of pain and or numbness and tingling. The physical examination revealed tenderness to palpation of the patella and infrapatellar and limited range of motion secondary to pain. There was a positive McMurray's noted. There was tenderness to palpation of the medial and lateral ankle. She had limited range of motion of the ankle secondary to pain. The request for authorization form dated 04/08/2014 was for Capsaicin 0.25%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% 240 gm. for moderate pain with inflammation and swelling and for Cyclobenzaprine 2%/Flurbiprofen 20% 240 gm. for muscle relaxant and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs(non-steroidal anti-inflammatory drugs).

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

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. 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 controlled 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 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state the efficacy in clinical trials for topical NSAIDs 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 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. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The Guideline indications for topical NSAIDs are osteoarthritis and tendinitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). Guidelines recommend capsaicin 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 (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. There is a lack of clinical findings or radiologic imaging that is consistent with osteoarthritis. The Guidelines recommend capsaicin only as an option in patients who have not responded or intolerant to other treatments and there is a lack of documentation regarding an intolerance to oral medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm. is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flurbiprofen 20% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics and NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. 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 controlled 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 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state the efficacy in clinical trials for topical NSAIDs 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 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. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Topical analgesics are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). The Guidelines state there is no evidence for use of a muscle relaxant as a topical product. The documentation provided lacked the clinical findings or radiologic imaging that was consistent with osteoarthritis to warrant Flurbiprofen and the Guidelines do not recommend cyclobenzaprine as a topical product. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 20% 240 gm. is not medically necessary and appropriate.