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| Case Number: | CM14-0068001 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 10/04/2012 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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. 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 patient is a 34-year-old female who has submitted a claim for right knee meniscus tear, and morbid obesity; associated with an industrial injury date of 10/04/2012. Medical records from 2012 to 2014 were reviewed and showed that patient complained of right knee pain and stiffness. Pain is associated with prolonged standing, sitting, and walking. Physical examination showed tenderness along the lateral joint line, medial joint line, and superior border of the patella on the right knee. McMurray's caused pain on the right. DTRs were normal. Treatment to date has included medications, acupuncture, and aquatic therapy. Utilization review, dated 04/30/2014, denied the requests for Topical Flurbiprofen 20%/Tramadol 20% in Mediderm base for 30gm Quantity: 1 and Topical Gabapentin 10%/Dextromethorphan 10%/Amitripyline 10% in Mediderm base for 30gm Quantity: 1 because Flurbiprofen and Gabapentin are not recommended for topical use, and there was no support for topical use of Tramadol and Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flurbiprofen 20%/Tramadol 20% in Mediderm base for 30gm Quantity: 1:
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: As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the menthol and capsaicin components, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain capsaicin, menthol, and methyl salicylate may in rare instances cause serious burns. Regarding the capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Regarding the Flurbiprofen component, topical NSAID formulation is only supported for Diclofenac in the California MTUS. Regarding the tramadol component, guidelines do not support the use of tramadol in a topical formulation. In addition, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, all of the components of the requested compound cream are not recommended for topical use. Therefore, the request for Topical Flurbiprofen 20%/Tramadol 20% In Mediderm Base For 30gm Quantity: 1 is not medically necessary.

Topical Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base for 30gm Quantity: 1: 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: As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medi-Derm is composed of capsaicin 0.035%, menthol 5%, and methyl salicylate 20%. Regarding the menthol and capsaicin components, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain capsaicin, menthol, and methyl salicylate may in rare instances cause serious burns. Regarding the capsaicin component, there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Regarding the amitriptyline component, guidelines recommend its use with ketamine for treatment of chemotherapy-induced peripheral neuropathy. Dextromethorphan is not addressed in the guidelines. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, mediderm base and gabapentin are not recommended for topical use. Furthermore, the medical records did not show that the patient has chemotherapy-induced peripheral neuropathy to warrant the use of

topical amitriptyline. Therefore, the request for Topical Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% In Mediderm Base For 30gm Quantity: 1: is not medically necessary.