

Case Number:	CM14-0072782		
Date Assigned:	07/16/2014	Date of Injury:	02/22/2010
Decision Date:	09/09/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Georgia. 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 50 year old female who was injured on 02/22/2010 while pushing a rack/cart of clothes that got stuck in a door jam. She reportedly fell and struck her knees on the floor. The patient has received 6 treatments of shockwave therapy, acupuncture, manipulating therapy, physical therapy and medications. Other prior treatments include two arthroscopic surgeries on her right knee in 2010 and 2012, and one arthroscopic surgery on her left knee in 2012. Progress report dated 01/13/2014 documented the patient to have complaints of bilateral knee pain rated as 6/10 and lumbar spine pain rated as 6/10. It was noted that acupuncture was not helping with pain. On exam, he was documented as an obese male who had a slow and painful gait. He was using a cane. He reported knee pain, right greater than left. Range of motion was restricted. Swelling and tenderness was noted. Diagnoses included bilateral knee pain with end-stage OA, low back pain, obesity, and hypertension. The remaining notes are illegible. He was diagnosed with bilateral knee pain, low back pain, obesity and endstage osteoarthritis. A recommendation was made for physical therapy 2x4 weeks; and the medication listed below. Prior utilization review dated 04/28/2014 states the request for Flurbiporfen/tramadol/cyclobenzaprine 20/20/4% cream 210gm, Amitriptyline/dextrometh orphann/gabapentin (CMC cream) 10/10/10% 210gm is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiporfen/tramadol/cyclobenzaprine 20/20/4% cream 210gm: 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, topical analgesics.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Treatment Guidelines notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." While many other agents are compounded in combination for pain control including "NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor." There is "little to no research to support the use many of these agents." The MTUS guidelines also recommend that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Specifically regarding topical (NSAIDs), MTUS states that they are recommended for short term use in osteoarthritis of the knee, having been shown to be superior to placebo for 4-12 weeks. It is not recommended for neuropathic pain. MTUS guidelines note, regarding muscle relaxants other than baclofen, that "There is no evidence for use of any other muscle relaxant as a topical product." The Official Disability Guidelines (ODG) notes that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended after failure of anticonvulsants and antidepressants. ODG also notes that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG also notes that muscle relaxants, including baclofen and other muscle relaxants are not recommended. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Amitriptyline/dextrometh orphann/gabapentin (CMC cream) 10/10/10% 210gm: 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, Topical analgesics.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Treatment Guidelines notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." While many other agents are compounded in combination for pain control including "NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids,

bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor." There is "little to no research to support the use many of these agents." The MTUS guidelines also recommend that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding gabapentin, MTUS notes that this medication is not recommended for topical use due to a lack of good peer reviewed literature to support its use. MTUS has no recommendations regarding amitriptyline or dextromethorphan for topical use. The Official Disability Guidelines (ODG) notes that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended after failure of anticonvulsants and antidepressants. ODG also notes that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG also notes that topical gabapentin is not recommended due to a lack of peer-reviewed literature to support its use. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.