

Case Number:	CM14-0099476		
Date Assigned:	07/28/2014	Date of Injury:	10/02/2012
Decision Date:	09/23/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Rehabilitation, 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 injured worker is a 38-year-old male who reported an injury after washing heavy metal lids, his left leg went into a floor drain hole on 10/02/2012. The clinical note dated 10/04/2013 indicated diagnoses of status post left knee arthroscopy dated 07/13/2013; tear of anterior talofibular ligament, left ankle; difficulty walking, anxiety; and sleep disturbance. The injured worker reported moderate intermittent pain about the left knee and left ankle rated 5/10 to 6/10 described as occasionally sharp with popping, swelling and giving way and weakness. The injured worker reported some grinding of the left knee. The injured worker reported he was able to carry out his activities of daily living but it was difficult due to increased pain. The injured worker reported long walking and standing aggravated both the left knee and left ankle pain and he had weakness of both left ankle and left knee. The injured worker reported he continued to have sleep difficulty which had caused psychological and emotional reaction including frustration, depression, anger and high anxiety in response to his chronic pain and limitations. The injured worker also reported significant difficulty with performing his activities of daily living including difficulty with grooming, bathing, dressing, household chores and driving his vehicle. On physical examination, the injured worker walked with an antalgic gait favoring the left lower extremity. The examination of the left knee revealed discomfort with attempts at squatting. Rising from a seated position was accomplished in a normal matter. There was evidence of slight swelling and joint effusion with tenderness at the medial and lateral collateral ligaments of the left knee. The injured worker had a positive McMurray's test and a positive patellar grind test. The injured worker's range of motion for the knees was normal. The injured worker's left ankle examination revealed moderate tenderness to palpation at the medial and lateral malleolus as well as calcaneal joint plantar fascia posterior and anterior tibial regions and Achilles tendon of the left ankle. The injured worker's range of motion for the ankles elicited

complaints of left ankle pain during all range of motion; however, range of motion was within normal limits. The clinical note dated 02/03/2014 indicated diagnosis of headache, migraine, left knee internal derangement status post left knee arthroscopy and left ankle anterior talofibular ligament tear. The injured worker reported pain to the left knee rated 8/10 that was constant and moderate to severe. There was burning left ankle pain, muscle spasms rated 8/10 constant and moderate to severe. The injured worker reported symptoms persisted but the medications offered temporary relief of pain and improved ability to have restful sleep. The injured worker denied any problems with medication. On physical examination of the left knee, the injured worker ambulated an antalgic gait and was able to toe and heel walk. The claimant was able to squat to 30 degrees with crepitus at range of motion. The injured worker had tenderness over the medial joint line with decreased range of motion. The examination of the left ankle revealed tenderness at the medial malleolus medial plantar fascia with decreased range of motion. The injured worker's sensation was diminished bilaterally and motor strength was decreased. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for topical compound with a date of service 11/13/2013 and topical compounds with the date of service of 02/05/2014. A request for authorization dated 02/05/2014 was submitted for topical compounds; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5%, Tramadol 15%, for date of service 11/13/13 #240gm:
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: The request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, for date of service 11/13/13 #240gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, gabapentin is not recommended. There is no peer reviewed literature to support its use. Moreover, the guidelines indicate topical lidocaine in the form of the dermal patch Lidoderm. No other commercially approved topical formulations whether creams or lotions or gels are indicated for neuropathic pain. Moreover, a thorough search of the FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption which is not recommended as a first line therapy. Per the guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, the provider did

not indicate a rationale for the request. Furthermore, the request does indicate a frequency or quantity for this medication. Therefore, per the California MTUS Guidelines, the request is not medically necessary.

Cyclobenzaprine 2%, Flubiprofen 25% for date of service 11/13/13 #240gm: 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: The request for Cyclobenzaprine 2%, Flubiprofen 25% for date of service 11/13/13 #240gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. In addition, FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a quantity or frequency for this medication. Therefore, per the California MTUS Guidelines, the request is not medically necessary.

Capsaicin .025%, Flubiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% for date of service 2/5/14: 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: The request for Capsaicin .025%, Flubiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% for date of service 2/5/14 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants. In addition, capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The documentation submitted did not indicate the injured worker was intolerant to other treatments. Additionally, FDA approves routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. Moreover, tramadol is not recommended as a first line oral analgesic and a thorough search of

the FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. Additionally, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency or quantity or dosage. Therefore, the request is not medically necessary.

Cyclobenzaprine 2%, Flubiprofen 25% for date of service 2/5/14 #240gm: 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: The request for Cyclobenzaprine 2%, Flubiprofen 25% for date of service 2/5/14 #240gm is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. In addition, FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a quantity or frequency for this medication. Therefore, per the California MTUS Guidelines, the request is not medically necessary.