MAXIMUS Federal Services

Case Number:	CM14-0192552		
Date Assigned:	11/26/2014	Date of Injury:	11/14/1996
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/18/2014

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 Interventional Spine 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 67-year-old male with a date of injury of 11/14/1996. The listed diagnoses are:1) Tricompartmental arthritis of the knees 2) Status post operative right total knee arthroplasty, 01/28/2008, 3) Status post operative removal of hardware and placement of antibiotic impregnated spacer, 09/30/2008, secondary to infection following right total knee arthroplasty, 4) Status post operative right knee surgery, 05/13/2009, 5) Morbid obesity. According to progress report 10/27/2014, the patient presents with constant, moderate to severe bilateral knee pain, as well as bilateral hip and low back pain. The patient reports that Terocin patches and H-wave unit have been helpful with pain and activities of daily living. Examination revealed decreased range of motion in the bilateral knees and tenderness. This is the extent of the physical examination on this date. According to progress report 05/28/2014, examination of the left knee revealed tenderness around the patella and prepatellar ligament. There is decreased range of motion bilaterally and audible clicking and crepitus bilaterally. Recommendation was for patient to continue with Terocin patches, H-wave machine, and weight watchers. A topical compound cream including cyclobenzaprine, Gabapentin, lidocaine, and capsaicin was dispensed. The utilization review denied the request for the compound topical cream on 11/14/2014. Treatment reports from 07/01/2014 through 10/27/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective unknown amount of custom compounded topical cream made from cyclobenzaprine powder, lidocaine powder, capsaicin powder and PCCA lidoderm base (10% cyclobenzaprine, 5% gabapentin, 5% lidocaine, 0.025% capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with chronic bilateral knee pain. The current request is for retrospective unknown amount of costume compound topical cream made from cyclobenzaprine powder, lidocaine powder, capsaicin powder, and PCCA Lidoderm base (10% cyclobenzaprine, 5% gabapentin, 5% lidocaine, 0.025% capsaicin). The MTUS Guidelines regarding topical analgesics states that it is "largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine and Gabapentin are not recommended for any topical formulation. In addition, MTUS states that lidocaine is only allowed in a patch form. The requested compound cream is not medically necessary.