

Case Number:	CM14-0193583		
Date Assigned:	12/01/2014	Date of Injury:	06/24/2009
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 and 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 an injury date of 06/24/09. Based on the progress report dated 05/27/14, the patient is status post total knee replacement on 09/17/10. The patient complains of pain in cold weather, as per progress report dated 09/30/14. The progress report dated 07/29/14, states that the patient has pain in the left knee; however, the knee is stable. The 11/05/13 physical examination revealed tenderness to touch over the medial and lateral joint lines and also on the patella. The patient is walking with a cane and using medications including lotions and Norco, as per progress report dated 09/30/14. The patient is retired and off-work, as per progress report dated 09/30/14. Diagnoses include knee replacement, tear medial meniscus knee and internal derangement knee. The treating physician is requesting 1 Flurbiprofen 25%, lidocaine 5%, 2- tramadol 15%, dextromethorphan 10%, and capsaicin 0/025%. The utilization review determination being challenged is dated 10/20/14. The rationale was "all the medications in the compound are not recommended by the Guidelines and therefore, this compound cannot be recommended." Treatment reports were provided are from 09/20/13 - 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% lidocaine 5% 2-tramadol 15% dextromethorphan 10% capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient is status post total knee replacement on 09/17/10, as per progress report dated 05/27/14, and complains of pain in cold weather, as per progress report dated 09/30/14. The request is for 1 Flurbiprofen 25% lidocaine 5%. The MTUS guidelines do not support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Flurbiprofen / lidocaine, topical preparations were prescribed to the patient at least since progress report dated 09/20/13. In progress report dated 07/27/14, the treating physician states that "Transdermal cream prescribed for targeted therapy and temporary pain relief from pain or inflammation of joint and other areas amenable to topical treatment. Prescribing in conjunction with oral medications to provide treatment with reduce impact on patient's G.I. and side effects associated with oral medication modality thereby allowing the patient to return to certain safe working conditions faster." However, the Flurbiprofen / lidocaine cream contains lidocaine which is not supported in "any other formulation other than topical patches." NSAIDs, such as Flurbiprofen, are not recommended for axial, spinal pain. Topical opioids are not recommended as well. The guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, this request is not medically necessary.

Tramadol 15% dextromethorphan 10% capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient is status post total knee replacement on 09/17/10, as per progress report dated 05/27/14, and complains of pain in cold weather, as per progress report dated 09/30/14. The request is for tramadol 15% dextromethorphan 10% capsaicin 0/025%.The guidelines are silent on topical opioids such as Tramadol. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding tramadol / dextromethorphan / capsaicin, topical preparations were prescribed to the patient at least since progress report dated 09/20/13. In progress report dated 07/27/14, the treating physician states that "Transdermal cream prescribed for targeted therapy and temporary pain relief from pain or inflammation of joint and other areas amenable to topical treatment. Prescribing in conjunction with oral medications to provide treatment with reduce impact on

patient's G.I. and side effects associated with oral medication modality thereby allowing the patient to return to certain safe working conditions faster." However, tramadol / dextromethorphan / capsaicin preparation, capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Topical opioids are not recommended as well. The guidelines also state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, this request is not medically necessary.