MAXIMUS Federal Services

Case Number:	CM14-0196244		
Date Assigned:	12/04/2014	Date of Injury:	05/03/2006
Decision Date:	02/03/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

This is a 63 year old female who sustained a work related injury on 5/03/2006. The mechanism of injury is not provided. Per the Primary Treating Physician's Progress Report dated 10/03/2014, the injured worker reported constant aching low back pain as well as left greater than right knee pain, which she rates as 8 out of 10 on a 1-10 scale. The right knee pain is described as achy and the left knee pain as stabbing. There is intermittent numbness and tingling to the left knee with sharp-like sensations intermittently. She reports burning pain in the bilateral feet. She complains of aching pain in the neck and right shoulder. She complains of burning pain in the right elbow and aching pain in the right wrist. Physical Examination revealed tenderness of the spine from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature is slightly tight bilaterally. The buttocks are tender. She is unable to fully squat due to pain. She has some mild tenderness on stress of the pelvis which indicates mild sacroiliac joint symptomology. Range of motion with flexion is 20 degrees, extension 15 degrees, and tilt to the right and left 15 degrees. There is mild sciatic stretch bilaterally and pin sensation is intact in bilateral lower extremities. Diagnoses included lumbar discopathy with spondylolisthesis, carpometacarpal arthrosis of right hand, right hand tendinitis, bilateral epicondylitis, left knee internal derangement, left knee patella osteoarthritis, left knee medial meniscus tear, possible right shoulder tendinitis and status post left knee arthroscopy with chondral debridement and partial medial menisectomy. The plan of care included medications and acupuncture. Work Status is off work and disability status is permanent and stationary. On 10/24/2014, Utilization Review non-certified a prescription for Lidocaine 6 Percent, Gabapentin 10 Percent, Ketoprofen 10 Percent Cream 120 Gram, Apply 1 to 2 Gram to Affected Area 3-4 Times Per Day based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6 Percent, Gabapentin 10 Percent, Ketoprofen 10 Percent Cream 120 Gram Apply 1 to 2 Gram to Affected Area 3-4 Times Per Day: 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 Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical lidocaine 6%, gabapentin 10%, ketoprofen 10% 120 g, apply 1 to 2 g to affected area 3 to 4 times per day. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical gabapentin is not recommended. Topical ketoprofen is not FDA approved. Topical lidocaine in cream form is not recommended. In this case, the injured workers working diagnoses are lumbar discopathy spondylolisthesis; carpal metacarpal arthrosis of the right hand; right wrist tendinitis; bilateral lateral epicondylitis; Left knee internal derangement, patellar osteoarthritis, meniscal tear and status post left knee arthroscopy with chondral the treatment and partial medial menisctomy; possible right shoulder tendinitis; and depression. There are no neuropathic diagnoses noted in the medical record. Additionally, topical gabapentin is not recommended, topical ketoprofen is not FDA approved and lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (topical gabapentin and lightening cream) is not recommended, is not recommended. Consequently, compounded cream topical lidocaine 6%, gabapentin 10%, ketoprofen 10% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical lidocaine 6%, gabapentin 10%, ketoprofen 10% 120 g, apply 1 to 2 g to affected area 3 to 4 times per day is not medically necessary.

Flurbiprofen 15 Percent, Cyclobenzaprine 2 Percent, Baclofen 2 Percent, Lidocaine 5 Percent Cream 120 Gram Apply 1 to 2 Gram to Affected Area 3-4 Times A Day: 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 Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprophen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5%

cream 120 g apply 1 to 2 g to affected area 3 to 4 times per day is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical baclofen is not recommended. Topical cyclobenzaprine is not recommended. Topical lidocaine cream form is not recommended. In this case, the treating physician requested the topical compound containing Flurbiprophen, cyclobenzaprine, baclofen and lidocaine. Any compounded product that contains at least one drug (cyclobenzaprine, baclofen, and lidocaine) that are not recommended, is not recommended. Consequently, the compounded product/cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbipropen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5% cream 120 g apply 1 to 2 g to affected area 3 to 4 times per day is not medically necessary.