

Case Number:	CM14-0196831		
Date Assigned:	12/05/2014	Date of Injury:	09/04/2012
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture 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:

Injured worker is a 36 year old male with date of injury 9/4/2012. Date of the UR decision was 11/12/2014. The injured worker twisted his right foot and ankle and fell on his left knee while performing his customary work duties as a strawberry picker with [REDACTED]. He has undergone treatment in form of physical therapy, medication treatment and left knee partial meniscectomy on 3/10/2014. EMG studies in December 2012 showed right tibial neuropathy. Per report 10/15/2014, he reported left knee pain of waxing and waning severity depending on the activity level and stated that the medication has been helpful in reducing the level of pain. Left knee examination demonstrated crepitation and retropatellar and peripatellar tenderness. He had full range of motion in the left knee, a negative McMurray's sign and no instability. He was diagnosed with patellofemoral syndrome in context of previous arthroscopic meniscus repair; chronic pain due to trauma; left knee region arthralgia, recurrent myofascial strain, neuropathic pain and possible tarsal tunnel syndrome involving the lower foot and the ankle region. He was initiated on Medrox Ointment, Nabumetone Tablet, 750 mg twice daily, Norco Tablet 10-325 mg up to four times daily as needed per that report. The treating provider recommended left knee home exercises and hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Med Compound Pain Cream: Diclofenac 5%, Gabapentin 3%, Baclofen 2%,
Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%, Menthol 1%:**
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): 60, 111-112.

Decision rationale: Per MTUS p113 with regard to topical cyclobenzaprine, "There is no evidence for use of any muscle relaxant as a topical product." Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." The MTUS is silent on the use of menthol topically. However, note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With regard to lidocaine MTUS p 112 states "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or 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). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."