

Case Number:	CM14-0199577		
Date Assigned:	12/10/2014	Date of Injury:	09/14/2014
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 43 year old male with an injury date of 09/14/14. Based on the 09/15/14 progress report, the patient complains of a sharp, shooting, stabbing pain and pressure to the left knee. He has crepitus and tenderness to palpation over the left patellar tendon. The 10/13/14 report indicates that the patient has a pain free popping sensation around the knee cap. He has occasional aching pain over the lateral peripatellar region. "He states the knee feels like it's going to give away." The patient has a positive McMurray test laterally. The 11/13/14 report states that the patient has swelling and pain over the anterior part of the left knee. The patient's diagnoses include the following: 1. Left knee pain 2. Left knee strain/sprain 3. Left knee patellar tendinosis. The utilization review determination being challenged is dated 11/21/14. There were three treatment reports were provided from 09/15/14, 10/13/14, and 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream: FLA-Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240GM:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

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

Decision rationale: The patient presents with left knee pain and swelling. The request is for topical cream: Fla- Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 240 gm. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical Baclofen." Therefore the request is not medically necessary.

Topical Cream: GCT- Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 240GM:
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.

Decision rationale: The patient presents with left knee pain and swelling. The request is for topical cream: Gct- Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 240 gm. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per MTUS, gabapentin is not recommended in any topical formulation. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. There is no support for Tramadol as a topical compound either. There is lack of evidence that topical Tramadol can help chronic pain. In this case, the patient has left knee pain with crepitus and tenderness to palpation over the left patellar tendon. He has a positive McMurray test laterally in addition to swelling/pain over the anterior part of the left knee. Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. MTUS also does not support gabapentin, cyclobenzaprine, or tramadol as topical products. Therefore, the requested topical cream is not medically necessary.