

Case Number:	CM14-0200058		
Date Assigned:	12/10/2014	Date of Injury:	08/18/2014
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
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 Emergency Medicine and is licensed to practice in New York. 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 37-year-old male who was injured on August 18, 2014. The patient continued to experience left knee pain. Physical examination was notable for tenderness at medial and lateral joint lines left knee, normal strength, and positive McMurray's sign. Diagnoses included medial meniscal tear and lateral meniscal tear. Treatment included medications and surgery. Request for authorization for compound medication was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication 120 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Medical Letter on Drugs and Therapeutics - April 2, 2012 (Issue 1387) p. 26: Bupivacaine Liposome Injection (Exparel) for Postsurgical Pain; The Medical Letter on Drugs and Therapeutics - May 7, 1999 (Issue 1052) p. 44: Cilostazol for Intermittent Claudication.

Decision rationale: The request is for compound medication. Components of the medication are not stated in the medical record, but copy of prescription for Diclofenac, Baclofen, Bupivacaine, Gabapentin, Pentoxifylline, and ibuprofen is in the medical record. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is a topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case documentation in the medical record does not support the diagnosis of osteoarthritis. The medication is not recommended. Baclofen is muscle relaxant used for the treatment of spasticity. It is not recommended as a topical preparation. Bupivacaine is a local anesthetic sometimes used to produce local analgesic effect when infiltrated into the soft tissue of a surgical site. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Pentoxifylline is an oral phosphodiesterase inhibitor that is supposed to improve capillary blood flow by increasing the deformability of erythrocytes and decreasing blood viscosity. It is not recommended as an oral preparation. Ibuprofen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. In addition there is no documentation that the patient has failed treatment with anticonvulsants or antidepressants. The request is not medically necessary.