

Case Number:	CM14-0200715		
Date Assigned:	12/11/2014	Date of Injury:	06/02/2002
Decision Date:	01/29/2015	UR Denial Date:	11/18/2014
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 63 year old male with an injury date of 06/02/02. Based on 03/13/14 progress report, the patient complains of pain in the bilateral hands. Physical examination reveals the patient is status post multiple surgeries. There is positive triggering in the left middle finger and the right long and middle fingers. Tinel's sign and Phalen's sign are mildly positive. There is pain and tenderness in the ulnar aspect of the carpal bones in the area of triangular fibrocartilage complex on the left wrist. Right knee has medial joint line tenderness with a positive McMurray's test. Medications include Albuteral inhaler, Parafon Forte, and transdermal medications. The patient's disability status has been determined as permanent and stationary, as per progress report dated 03/13/14. Diagnoses, 03/13/14:- Status post bilateral knee surgery- Status post right knee meniscectomy and debridement- Status post left ACL reconstruction with debridement- Lumbar spine discopathy- Bilateral shoulder impingement syndrome- Status post right carpal tunnel release surgery- Left carpal tunnel syndrome- Status post bilateral tenosynovectomy- Diminished hearing- Tinnitus- Pulmonary/respiratory disturbance- Skin cancer
The treater is requesting for (a) RETRO GABAPENTIN / CYCLOBENZAPRINE / LIDOCAINE 10% / 1% / 5% 180 gm (b) RETRO CAPSAICIN / TRAMADOL / FLURBIPROFEN / CAMPHOR 0.0375% / 6.5% / 5% / 2% 180 gm. The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 03/13/14 - 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin/Cyclobenzaprine/Lidocaine 10%/1%/5% 180gm: 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 rationale: This injured worker presents with pain in bilateral hands with trigger points in the left middle finger and the right middle and long fingers, as per progress report dated 03/13/14. The request is for Retro Gabapentin / Cyclobenzaprine / Lidocaine 10% / 1% / 5% 180 gm. The injured worker is also status post multiple surgeries including bilateral knee surgery, right knee meniscectomy and debridement, left ACL reconstruction with debridement, right carpal tunnel release surgery, and bilateral tenosynovectomy (dates not provided). Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Additionally, the guidelines state that there is "no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product." For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. In progress report dated 03/12/14, the treating physician states that the purpose of the transdermal creams is to "minimize pain, avoid side effects of some oral medications, and reduce or avoid the need for narcotic alternative therapies." The treating physician believes the creams will reduce pain, restore function, and enhance the injured worker's ability to perform activities of daily living. However, this topical formulation contains Gabapentin, Cyclobenzaprine and Lidocaine which are not recommended by MTUS. This request is not medically necessary.

Retro Capsaicin/Tramadol/Flurbiprofen/Camphor 0.0375%/6.5%/5%/2% 180gm: 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, 113.

Decision rationale: The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. 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." In progress report dated 03/12/14, the treating physician states that the purpose of the transdermal creams is to "minimize pain, avoid side effects of some oral medications, and reduce or avoid the need for narcotic alternative therapies." The treater believes that the cream will reduce pain, restore function, and enhance the patient's ability to perform activities of daily living. However, this topical formulation contains Capsaicin which 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. This request is not medically necessary.