

Case Number:	CM14-0201249		
Date Assigned:	12/11/2014	Date of Injury:	10/12/2001
Decision Date:	02/26/2015	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

37 yr. old female claimant sustained a work injury on 10/12/01 involving multiple body parts. An MRI of the left shoulder in Jul 2014 showed a joint effusion and Type 1 AC arthrosis. She was additionally diagnosed with cervical, thoracic and lumbar radiculopathy. She had undergone several knee surgeries. She had a cerebral concussion and sustained post-concussion syndrome. An MRI of the left knee in October 2014 showed post surgical changes, chondromalacia and arthritic changes. A progress note on 11/14/14 indicated the claimant had Mc Murray's findings in the left medial knee, both shoulders showed impingement findings. The right knee had decreased range of motion. The physician requested additional physical therapy. A subsequent request was made authorization of topical Cyclobenzaprine/Gabapentin, topical Flurbiprofen and topical Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound (Cyclobenzaprine 10%, Gabapentin 10%) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants and Gabapent are not recommended due to lack of clinical evidence to support their use. Since the compound above contains both, continued use is not medically necessary.

Compound (Flurbiprofen 20%) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. Although it may be used for knee pain and osteoarthritis, it is recommended for 4-12 weeks. In this case the length of use or location was not specified. Furthermore, the claimant had been given several topical analgesics. The Flurbiprofen is not medically necessary.

Compound (Tramadol 20%) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is lack of clinical evidence for the use of topical opioids such as Tramadol. As a result, its use is not medically necessary.