

Case Number:	CM14-0210118		
Date Assigned:	12/23/2014	Date of Injury:	08/26/2012
Decision Date:	02/13/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine 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 injured worker (IW) is a 54-year-old man with a date of injury of August 26, 2012. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are internal derangement, left knee; left knee meniscus tear, per MRI; status post right knee arthroscopy repair, excision of medial plica for internal derangement; and left elbow/forearm sprain, improved. Pursuant to the progress report by the primary treating physician, the IW complains of ongoing right knee pain with radiation into the right calf and down into the Achilles insertion. He is status-post right knee arthroscopic repair on April 30, 2013. He is now pending authorization for left knee arthroscopic repair. On physical examination, range of motion of the bilateral knees with flexion to 110 degrees and extension is to 0 degrees. There is right knee and posterior calf tenderness. There is decreased left knee range of motion with medial joint line tenderness. Patellofemoral compression testing is positive bilaterally. Current medications were not documented the current request is for the following topical compound creams; Capsaicin 0.0375%-Menthol 10%-Camphor 2.5%-Tramadol 20% 240 grams, and Flurbiprofen 25%-Diclofenac 10% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin .0375%/Menthol 10%/Camphor 2.5%/Tramadol 20% 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 have been no studies of a 0.0375% formulation of capsaicin and no current indication that an increase over 0.025% provides further efficacy. Menthol is not recommended. In this case, the injured worker is a 54-year-old with a date of injury August 26, 2012. The injured worker's working diagnoses are internal derangement, left knee; left knee meniscus tear, for MRI; status post right knee arthroscopic repair; and left elbow forearm sprain, improved. Capsaicin cream is not recommended/indicated in the 0.0375% formulation. Any compounded product that contains at least one drug (capsaicin 0.0375%) that is not recommended is not recommended. The topical formulation with capsaicin 0.0375%, menthol 10%, camphor 2.5%, tramadol 20% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective Capsaicin 0.0375%, Menthol 10%, Camphor 2.5%, Tramadol 20% #240 g is not medically necessary.

Retrospective Flurbiprofen 25%/Diclofenac 10% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25% and Diclofenac 10% are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 Flurbiprofen is not FDA approved. Diclofenac (gel) is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of spine, hip or shoulder. In this case, the injured worker is a 54-year-old with a date of injury August 26, 2012. The injured worker's working diagnoses are internal derangement, left knee; left knee meniscus tear, for MRI; status post right knee arthroscopic repair; and left elbow forearm sprain, improved. Topical Flurbiprofen is not FDA approved as a topical analgesic.

Diclofenac is indicated for relief of osteoarthritis pain in the joint that lends itself topical treatment. The documentation does not contain evidence of osteoarthritis pain for the application of diclofenac. Any compounded product that contains at least one drug (Flurbiprofen- not FDA approved for topical and diclofenac for osteoarthritis pain) that is not recommended is not recommended. Consequently, Flurbiprofen 25% and Diclofenac 10% is not medically necessary.