

Case Number:	CM14-0076166		
Date Assigned:	07/16/2014	Date of Injury:	09/05/2010
Decision Date:	01/16/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 Family 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:

This is a 50 years male patient who sustained an injury on 9/5/2010. He sustained the injury when he stepped on a construction nail at work. The diagnoses include insomnia; unspecified anxiety; ensopathy of the hip and ensopathy of the knee. Per the doctor's note dated 9/5/2010, he had complaints of left hip and bilateral knee pain. Physical examination revealed positive Apley test of the right knee. Per the note dated 2/21/14, the medications list includes Motrin, Tylenol, Flexeril, Prilosec, Ultram and Anaprox. Topical compound medications were prescribed on 3/17/2014. He has had MRI right knee dated 11/9/2010 which revealed a grade 2-3 signal seen with a large tear within the body and posterior horn of medial meniscus, a grade 1-2 signal in posterior horn and in the anterior horn of the lateral meniscus, tear within the ACL, mild to moderate effusion and large popliteal cyst; MRI lumbar spine dated 7/2/2012; MRI left knee dated 7/10/2012 which revealed grade 2-3 signal in the body and the posterior hom of the medial meniscus with a horizontal linear tear, mild effusion; MRI right knee dated 7/10/2012 which revealed status post ACL repair with repair being torn; electro diagnostic study of the lower extremities dated 7/10/12 which revealed mild right peroneal motor neuropathy at the ankle. He had undergone left knee arthroscopic assisted anterior cruciate ligament reconstruction with autograft bone, tendon bone, medial and lateral partial meniscectomy, abrasion chondroplasty of the medial and lateral joint, removal of loose body and debridement of hypertrophic synovium, multiple compartments on 03/23/11. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Drug Generic Tram/Flurb/Cyclo; Gaba/Dextro/Amitrip (Durations and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for topical compound medications. Flurbiprofen is an NSAID, cyclobenzaprine is a muscle relaxant and gabapentin is an anticonvulsant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants..... (Argoff, 2006) There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... ..Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use.....Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product.....Gabapentin: Not recommended. There is no peer-reviewed literature to support use....."The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury was not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen, cyclobenzaprine and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Prescription Drug Generic Tram/Flurb/Cyclo, Gaba/Dextro/Amitrip (Durations and frequency unknown) is not fully established for this patient.