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| Case Number: | CM14-0086568 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/07/2004 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Practice, and is licensed to practice in New York and New Jersey. 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 is a 72 year-old male who was injured on 12/7/04 when he twisted his right knee. He complained of right knee pain, spasm and swelling, with decreased range of motion on exam. He injured his left knee in 4/2008. He ambulates with cane. He was diagnosed with arthritis of the lower leg. He had a left knee total replacement in 2010. A right total knee arthroplasty was planned. He took oral anti-inflammatories for many years and began suffering from heartburn and nausea. He also took oral opioids. The current request is for TGHOT and Flurflex topical analgesics which was denied by utilization review on 5/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT 180 grams: 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: TGHOT is a topical analgesic comprised of Tramadol, Gabapentin, Menthol, Camphor, Capsaicin 8/10/2/0.5%, and is considered not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended. The use of topical gabapentin is not recommended. There is no peer-reviewed literature to support its use. Long-term use of topical tramadol has not been evaluated and cannot be recommended. There are no guidelines for the use of menthol for the patient's pain. Therefore, the request is considered not medically necessary.

FlurFlex 180 grams: 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 analgesic Page(s): 111-113.

Decision rationale: Flurfex is a topical analgesic comprised of Flurbiprofen and cyclobenzaprine and is considered not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. There is also no evidence for the use of any topical muscle relaxants such as cyclobenzaprine. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.