

Case Number:	CM15-0002622		
Date Assigned:	01/07/2015	Date of Injury:	03/10/2012
Decision Date:	03/13/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, 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:

The injured worker is a 44 year old male who sustained an industrial injury on 3/10/12. The injured worker reported symptoms in the neck. The diagnoses included rule out cervical disc displacement, cervicgia, low back pain, pain in left hip, left knee medial meniscal tear and left ankle internal derangement. Treatments to date have included oral medications. The medication list includes Dicopanol, Deprizine, Fanatrex, Synapryn and Tobradol PR2 dated 11/4/14 noted the injured worker presents with neck, back and hip pain described as "constant, moderate to severe...described as burning, radicular low back pain and muscle spasms." Per the doctor's note dated 1/19/15 patient had complaints of neck pain at 4/10; low back pain at 8/10; left knee pain and left ankle pain. Physical examination of the cervical and lumbar region revealed limited range of motion and tenderness on palpation the physical examination of the right knee was not specified in the records provided other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

Decision rationale: Request: Topical compounded Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2%, 1. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." 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. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." 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. The medication Flurbiprofen is a NSAID. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, Capsaicin and menthol and Gabapentin are not recommended by MTUS in this patient. The medication Topical compounded Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2%, is not fully established in this patient.

Topical compounded Cyclobenzaprine 2% and Flurbiprofen 25%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

Decision rationale: Request: Topical compounded Cyclobenzaprine 2% and Flurbiprofen 25%, 180gm. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As per cited guideline "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." The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine and Flurbiprofen are not recommended by MTUS. The medical necessity of the medication Topical compounded Cyclobenzaprine 2% and Flurbiprofen 25%, 180gm is not fully established in this patient.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Page 343: Table 13-5. Ability of Various Techniques to Identify and Define Knee Pathology and Page 341: Special Studies and Diagnostic and Treatment Considerations.

Decision rationale: Request: MRI of the right knee per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Any of these indications for knee MRI were not specified in the records provided. A recent detailed physical examination of the right knee was not specified in the records. A detailed knee exam including tests for internal derangement like the Mc Murrays test, anterior drawer test and tests for instability were not specified in the

records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. Patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. A recent right knee X-ray report is not specified in the records provided. A plan for an invasive procedure of the left knee was not specified in the records provided. The rationale for the right knee MRI was not specified in the records provided. The medical necessity of the request for MRI of the right knee is not fully established in this patient.