

Case Number:	CM15-0019093		
Date Assigned:	02/09/2015	Date of Injury:	08/03/2012
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient, who sustained an industrial injury on 08/03/2012. A primary treating office visit dated 11/25/2014 reported the patient having had a right knee injection on 10/16/2014 and with subjective complaint of lumbar spine pain, bilateral hips, knees and right foot/ankle pain. It is noted that chiropractic care, creams and medications increased his ability to perform activities. Objective findings showed him using a cane for ambulation and with increased range of motion to the lumbar spine; positive Kemp's test. He is diagnosed with lumbar spine disc protrusion; bilateral hip strain/sprain; both right knee and ankle sprain/strain. A request was made on 12/30/2014, for a compound cream containing Flurbiprofen, Lidocaine and Amitriptyline. On 01/07/2015 Utilization Review non-certified the request, noting the CA MTUS, chronic Pain, Topical Analgesics was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 & 113.

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

Decision rationale: The patient was injured on 08/03/2012 and presents with pain in his lumbar spine, bilateral hips, knees, and right foot/ankle. The request is for Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240 g. There is no RFA provided and the patient is currently working on a modified duty with no prolonged standing/walking and no climbing/bending/stooping. The report with the request is not provided and none of the reports provided discussed this compounded medication. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical Lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical Baclofen." Exam findings revealed the patient is using a cane for ambulation, has an increased range of motion to the lumbar spine, and has a positive Kemp test. The patient's diagnoses include the following: Lumbar spine disk protrusion, bilateral hip strain/sprain, both right knee and ankle sprain/strain. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Neither the Amitriptyline nor Lidocaine (in a non-patch form) are indicated for use as a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.