

Case Number:	CM15-0019795		
Date Assigned:	02/09/2015	Date of Injury:	04/10/2014
Decision Date:	04/01/2015	UR Denial Date:	01/06/2015
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old female who reported an injury on 04/10/2014. The mechanism of injury was not provided. Her diagnoses were noted as tear of medial meniscus of the right knee, cervical disc herniation without myelopathy, lateral epicondylitis of the right elbow, and right olecranon bursitis. Her past treatments were noted to include medication, topical analgesic, TENS unit, and activity modification. During the assessment on 12/17/2014, the injured worker complained of right knee, right elbow, and cervical spine pain, as well as headaches. In regard to the right knee, she complained of constant, severe pain that was described as burning, sharp, aching, and throbbing. She indicated the pain was aggravated by prolonged sitting, walking, and standing, and radiated up into the right hip into her back and down into the shin muscle. In regard to the headaches, there were complaints of intermittent, severe pain. In regard to the right elbow pain, she had frequent, severe pain that was best described as sharp, and was made worse by touch and pressure. In regard to the cervical spine pain, she had complaints of intermittent moderate pain that was described as aching. The physical examination of the cervical spine revealed positive +3 spasm and tenderness to the bilateral paraspinal muscles from C2-4 and bilateral suboccipital muscles. The axial compression test was positive bilaterally for neurological compromise and the shoulder depression test was positive bilaterally. The physical examination of the elbows revealed +3 spasm and tenderness to the right lateral epicondyle and right olecranon. The Cozens test was positive on the right. The physical examination of the knees revealed mild swelling of the right knee. The injured worker was noted to wear a knee and ankle orthosis. There was +3 spasm and

tenderness to the right anterior joint line, vastus medialis, vastus lateralis, and popliteal fossa. There was a positive McMurray's test on the right. Her medications were noted to include chondroitin sulfate, glucosamine, Ultram 50 mg, and topical analgesics. The treatment plan was to continue with medication regimen, request a work hardening screening, a psychosocial factor screening, and continue with activity modification. A rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Gabapentin 10% Ketoprofen 10% 180gm refill 2: 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 Analgesics Page(s): 111-113.

Decision rationale: The request for lidocaine 5% gabapentin 10% Ketoprofen 10% 180gm refill 2 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or 1 drug class, that is not recommended is not recommended. The requested compound was noted to include lidocaine, gabapentin, and Ketoprofen. In regard to lidocaine, the guidelines state that the use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. In regard to topical gabapentin, topical gabapentin is not recommended per the guidelines, as there is no evidence to support the use. In regard to Ketoprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain, as there is no evidence to support the use. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The frequency and application site for the proposed medication were also not provided. Given the above, the request is not medically necessary.

Fluribiprofen 15% Cyclobenzaprine 2% Lidocaine 5% 180gm refill 2: 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 Analgesics Page(s): 111-113.

Decision rationale: The request for flurbiprofen 15% cyclobenzaprine 2% lidocaine 5% 180gm refill 2 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or 1 drug class, that is not recommended is not recommended. In regard to flurbiprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain, as there is no evidence to support the use. In regard to cyclobenzaprine, muscle relaxants such as cyclobenzaprine are not recommended by the guidelines, as there is no evidence to support the use. In regard to lidocaine, the guidelines state that the use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The frequency and application site for the proposed medication were also not provided. Given the above, the request is not medically necessary.