MAXIMUS Federal Services

Case Number:	CM15-0130856		
Date Assigned:	07/17/2015	Date of Injury:	06/19/2010
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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 53-year-old female, who sustained an industrial injury on June 19, 2010. She reported a right knee injury. The injured worker was diagnosed as having right knee meniscal tears, right knee osteoarthropathy, right knee multidirectional instability, foraminal stenosis and facet osteoarthropathy at lumbar 4-5 and lumbar 5-sacral 1, and fracture right fifth metatarsal, derivative. Diagnostic studies were not included in the provided medical records. Surgeries to date: gastric bypass surgery, cervical fusion at cervical 3-4 and cervical 6-7, and spinal fusion in 1999. Treatment to date has included a walker for ambulation, a right leg brace, a home exercise program, and medications including oral analgesic, topical analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, cancer, diabetes, anxiety, depression, arthritis, chronic headaches, chronic fatigue, restless leg syndrome, and peripheral neuropathy. She is medically retired. On May 13, 2015, the injured worker complains of bilateral knee, right foot, and low back pain. Her pain is rated: right knee = 8/10, left knee = 6/10, right foot =5/10, improving, and low back = 6/10. A trial of topical non-steroidal anti-inflammatory medication was successful. She is not to use oral non-steroidal anti-inflammatory medication as she had gastric bypass surgery. The physical exam revealed lumbar spine and lumboparaspinal musculature tenderness, limited range of motion with pain, and positive bilateral straight leg raise. Spasm of the lumboparaspinal musculature was decreased. The right knee was diffusely tender, greatest at the medial and lateral joint lines, with markedly limited range of motion with painful crepitus. There was tenderness of the right foot, greatest at the fifth metatarsal. Her work status is described as temporarily totally disabled. The treatment plan includes a topical non-steroidal anti-inflammatory drug. The requested treatment includes: Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% 300 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Baclofen 2%, Cyclobenzaprine HCL 2%, Clonidine HCL 0.2%, Sodium Hyaluronate 0.2% 300 grams with 3 refills: 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.

Decision rationale: The patient presents with right knee pain rated 8/10, left knee pain rated 6/10, right foot pain rated 5/10, and low back pain radiating to lower extremities rated 6/10. The request is for KETOPROFEN 10%, GABAPENTIN 6%, BUPIVACAINE HCL 5%, BACLOFEN 2%, CYCLOBENZAPRINE HCL 2%, CLONIDINE HCL 0.2%, SODIUM HYALURONATE 0.2% 300 GRAMS WITH 3 REFILLS. The request for authorization is dated 06/12/15. Physical examination reveals tenderness lumbar spine and lumboparaspina musculature. Lumbar range of motion limited with pain. Positive straight leg raise bilaterally. Tenderness right knee diffusely. Range of motion markedly limited with painful crepitance. Tenderness right foot greatest at fifth metatarsal. Patient recalls successful trial of topical NSAID as this did facilitate up to 5 point diminution in pain and bilateral knees and right foot as well as 30% improved tolerance to standing and walking. Patient's medications include Cyclobenzaprine and Pantoprazole. Denies side effects. Per progress report dated 05/01/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated 05/11/15, treater's reason for the request is "facilitate pain up to 5 points on a scale of 10 with improved tolerance to standing and walking." The patient has been prescribed compound cream since at least 03/11/15. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Cyclobenzaprine and Baclofen, which are not supported for topical use. Therefore, the request IS NOT medically necessary.