

Case Number:	CM15-0131052		
Date Assigned:	07/17/2015	Date of Injury:	10/04/2013
Decision Date:	08/20/2015	UR Denial Date:	06/03/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49-year-old female, who sustained an industrial injury on October 4, 2013. The mechanism of injury was a slip and fall. The injured worker landed on her knees. The diagnoses have included left knee degenerative joint disease, left knee chondromalacia and left knee internal derangement. Treatment and evaluation to date has included medications, radiological studies, physical therapy, acupuncture treatments and injections. The injured worker was working with modified duty. Current documentation dated May 26, 2015 notes that the injured worker reported constant moderate achy left knee pain. Examination of the left knee revealed tenderness to palpation and muscle spasm of the anterior knee. A McMurray's test was positive. Left knee flexion was 200-110 and extension was 10-0. The injured worker was taking Norco for pain. The treating physician's plan of care included requests for the compound medication: Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025% and Hyaluronic acid 0.2% in cream base 240gm for a 30 day supply and the compound medication: Amitriptyline Hydrochloride 10%, Gabapentin 10%, Bupivacaine Hydrochloride 5% and Hyaluronic Acid 0.2%, in cream base 240 grams for a 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / Baclofen 5%/ Camphor 2%/ Menthol 2%/ Dexamethasone Micro 0.2%/ Capsaicin 0.025%/ Hyaluronic acid 0.2% in cream base 240gm for a 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Topical Analgesics.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. The guidelines do not recommend Baclofen in a topical form. The MTUS does not discuss Camphor, Hyaluronic acid, Dexamethasone and Menthol therefore; the Official Disability Guidelines were referenced. Dexamethasone is a corticosteroid and is not recommended, it does not have any analgesic effects. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Topical application was not discussed. The Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. In this case, the injured worker had chronic left knee pain. However, the medication Flurbiprofen is not FDA approved and therefore is not medically necessary. Baclofen is also not recommended in a topical form. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025% and Hyaluronic acid 0.2% in cream base 240gm is not medically necessary.

Amitriptyline Hydrochloride 10% / Gabapentin 10%/ Bupivacaine Hydrochloride 5%/ Hyaluronic Acid 0.2% in cream base 240 grams for a 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Topical Analgesics / Topical Analgesics, compounded.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. Regarding Gabapentin, there is no peer-reviewed literature to support its use. The MTUS does not discuss Hyaluronic acid, Amitriptyline and Bupivacaine, therefore; the Official Disability Guidelines were referenced. Amitriptyline is a tricyclic antidepressant. Tricyclics in the oral form are considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Topical Amitriptyline was not discussed. Bupivacaine Hydrochloride (Marcaine) is recommended as an option as a donor-site anesthetic. There is no support for other methods, including alternative surgical techniques. Hyaluronic acids are naturally occurring substances in the body's connective tissues that cushion and lubricate the joints. Topical application of Hyaluronic acids was not discussed. The Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. In this case, the injured worker had chronic left knee pain. However, Gabapentin is not recommended, as there is no literature to support its use. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Amitriptyline Hydrochloride 10%, Gabapentin 10%, Bupivacaine Hydrochloride 5% and Hyaluronic Acid 0.2%, in cream base 240 grams is not medically necessary.