

Case Number:	CM15-0142979		
Date Assigned:	08/03/2015	Date of Injury:	05/20/2015
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

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 (n) 55-year-old female, who sustained an industrial injury on 5-20-15. There is no medical narrative report for the applicable date of service. The current diagnoses per the Request for Authorization dated 7-6-15 are chondromalacia patellae and internal derangement of knee. She has been approved for physical therapy and acupuncture. The treating physician requested Norco 5-325mg #60, Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic acid 0.2% #240gm and Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic acid 0.2% #240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80 Page(s): 76-80.

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for diagnoses including chondromalacia patella and internal derangement of the knee. Treatment referenced includes physical therapy and acupuncture. Topical medications are being prescribed. In July 2015, authorization for Norco was requested. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, there is no description of the claimant's pain in terms of intensity using a VAS or pain frequency. This request for Norco was not medically necessary.

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic acid 0.2% #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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for diagnoses including chondromalacia patella and internal derangement of the knee. Treatment referenced includes physical therapy and acupuncture. Topical medications are being prescribed. In July 2015, authorization for Norco was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Additionally, another anti-inflammatory medication, dexamethasone, is included. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, other single component topical treatments could be considered. Additionally, in this case, two topical anti-inflammatory medications are included in this product, which is duplicative. This medication was not medically necessary.

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% #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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for diagnoses including chondromalacia patella and internal derangement of the knee. Treatment referenced includes physical therapy and acupuncture. Topical medications are being prescribed. In July 2015 authorization for Norco was requested. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate

receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, other single component topical treatments could be considered. This medication was not medically necessary.