MAXIMUS Federal Services

Case Number:	CM15-0169979		
Date Assigned:	09/10/2015	Date of Injury:	10/01/2014
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 10-1-14. The injured worker was diagnosed as having left knee medial meniscus tear, let knee bicompartmental osteoarthritis and area of developing osteonecrosis and chronic bone marrow edema. Treatment to date has included left knee injection, oral Voltaren and Ibuprofen 800mg, topical medications, ice treatments, knee brace and activity restrictions. On 4-14-15 he reported doing better and occasional sensation of catching and locking of left knee. Currently on 7-28-15, the injured worker complains of progressively worsening left knee pain. He reports he wants to proceed with surgery. He noted dramatic improvement of left knee following cortisone injection. He is currently working. Physical exam performed on 3-17-15, 4-14-15, 5-26-15 and 7-28-15 revealed medial joint line tenderness, pain with hyper flexion and positive McMurray exam. On 6-30-15 it is noted he was provided with topicals. On 8-20-15, utilization review non-certified Flurbiprofen powder 30mg-Lidocaine 7.5gm-Versapro base cream 112.5gm noting it contains Flurbiprofen is not FDA approved for topical application except for the eye; Gabapentin powder 15gm, Amitriptyline 7.5gm, Capsaicin 0.0375gms, Versapro base cream 127.46gm noting it contains two components which are not considered consistent with guidelines (gabapentin and capsaicin) and Cyclobenzaprine powder 15gm, Lidocaine 3gm, Versapro base cream 132gm noting the topical medication contains lidocaine and it is not indicated for treatment of nociceptive pain from osteoarthritis of the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder 30gm, Lidocaine 7.5gm, Versapro base cr 112.5gm for DOS 7/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists", agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified and therefore is not medically necessary.

Gabapentin powder 15gm, Amitriptyline 7.5gm, Capsaicin 0.0375gms, Versapro base cr 127.46gm for DOS 7/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients,

which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified and therefore is not medically necessary.

Cyclobenzaprine powder 15gm, Lidocaine 3gm, Versapro base cream 132gm for DOS 7/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists", agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified and therefore is not medically necessary.