

Case Number:	CM15-0187071		
Date Assigned:	09/29/2015	Date of Injury:	10/06/2014
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 40 year old female, who sustained an industrial injury on 10-06-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for internal derangement of the right knee and anxiety. Medical records (04-10-2015 to 08-17-2015) indicate ongoing and increasing constant, severe and achy right knee pain radiating to the bottom of the foot with numbness, tingling and weakness which is aggravated by sudden or repetitive movements, standing, walking, driving, bending, kneeling, squatting, and prolonged or repetitive climbing stairs. Pain levels were 10 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-17-2015, revealed increased pain in the right knee due to lack of medication as the previously prescribed medication was making the IW sick to her stomach. Flexion was 90° to 140°, and there was noted tenderness to palpation over the posterior knee with McMurray's causing pain. Relevant treatments have included 18 sessions of physical therapy (PT), acupuncture, chiropractic treatments, work restrictions, and pain medications (diclofenac and Prilosec). The request for authorization on the progress report (08-17-2015) shows that the following medications were requested compounded topical analgesics: 10% gabapentin, 10% Amitriptyline & Bupivacaine in cream base; and 20% flurbiprofen, 20% Baclofen & 2% Dexamethasone in cream base 180gm. The original utilization review (08-28-2015) non-certified the request for 10% gabapentin, 10% Amitriptyline & Bupivacaine in cream base; and 20% flurbiprofen, 20% Baclofen & 2% Dexamethasone in cream base 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded antidepressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base is not medically necessary and appropriate.

Flurbiprofen 20%/Baclofen 20%/Dexamethasone 2% in cream base 180gm: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroidal medications for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%/Baclofen 20%/Dexamethasone 2% in cream base 180gm is not medically necessary and appropriate.

