

Case Number:	CM15-0190247		
Date Assigned:	10/02/2015	Date of Injury:	12/09/2009
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 56 year old male with a date of injury on 12-09-2009. The injured worker is undergoing treatment for status post right knee arthroscopy on 03-20-2014, lumbar discopathy, and rule out bilateral knee internal derangement. Physician progress notes dated 06-22-2015 and 08-03-2015 documents the injured worker is having increased pain in the low back that is constant. He has radiation of pain into the lower extremities, left greater than right and it is associated with tingling and numbness. He rates his pain as 7- 8 out of 10. His pain is unchanged. Lumbar spine pain is restricted and there is pain across the iliac crest into the lumbosacral spine. Radicular pain component in the left lower extremity is noted. He has diminished sensation in the lateral thigh, anterolateral and posterior leg as well as the foot in an L5-S1 innervated pattern. He has constant pain in both knees and he rates his pain as 5 out of 10. It is worsening. There is an absent Achilles reflex. His right knee has well-healed arthroscopic portals. There is tenderness in the anterior joint line space bilaterally. McMurray's is positive. There is pain with terminal motion. Current medications were not documented. Treatment to date has included diagnostic studies, medications, physical therapy, and right knee arthroscopic surgery. On 09-17-2015 Utilization Review non-certified the request for Flurbiprofen 10%, Capsaicin (plain) 0.025% CRM 120, and Lidocaine 5%, Gabapentin 10% Gel 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaic (plain) 0.025% CRM 120: 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: Flurbiprofen 10%, Capsaic (plain) 0.025% CRM 120 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED), only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.

Lidocaine 5%, Gabapentin 10% Gel 120: 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: Lidocaine 5%, Gabapentin 10% Gel 120 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED), only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.