

Case Number:	CM15-0191505		
Date Assigned:	11/12/2015	Date of Injury:	07/02/2015
Decision Date:	12/21/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York

Certification(s)/Specialty: Internal 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 was a 59 year old male, who sustained an industrial injury, July 2, 2015. The injured worker was undergoing treatment for clinical impingement of the right shoulder, rule out internal derangement; knees with strain and or sprain, rule out internal derangement; left ankle strain and or sprain, rule out internal derangement and cervical discopathy. According to progress note of August 24, 2015, the injured worker's chief complaint was both knees that were aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks and prolonged standing. The injured worker reported swelling and buckling. The pain was described as throbbing. The pain was rated 5 out of 10 greater in the left than the right. The injured worker reported the left giving way causing the injured worker to fall. There was also intermittent pain in the left ankle, which was aggravated by ascending and descending stairs, lifting and bending. The pain was rated at 4 out of 10. The right shoulder pain was aggravated by forward reaching, lifting, pushing pulling and working above the shoulder level. The pain was characterized as throbbing. The injured worker reported the pain radiated into the neck at times. The pain was rated at 6 out of 10. The physical exam noted right shoulder tenderness around the anterior glenohumeral region and subacromial space. The Hawkin's and impingement signs were positive. There was discomfort over the top of the acromioclavicular joint. The rotator cuff appeared to be intact. There was tenderness over the anterolateral shoulder that radiates into the arm, more consistent with internal rotation and forward flexion. The knees exam noted tenderness in the anterior joint space, the left side more pronounced than on the right. The patellar grind test was positive. The anterior draw test and posterior pivot shift

test was negative. McMurray's test was positive. There was crepitus with painful range of motion. There was no evidence of instability. The left ankle had tenderness over the anterior portion of the ankle. There was pain with palpation paravertebral muscle tenderness with spasms. There was radiculopathy into the upper extremities about anterolateral shoulder and down into the arm. The axial loading test was positive. The Spurling's maneuver was positive. The range of motion was limited by pain. The injured worker previously received the following treatments no oral pain medication, Metformin and Lisinopril. The RFA (request for authorization) dated the following treatments were requested a prescriptions for Flurbiprofen 10%-Capsaicin 0.025% cream quantity 120 grams with 4 refills and Lidocaine 5%- Gabapentin 10% gel quantity 120 grams with 4 refills. The UR (utilization review board) denied certification on September 8, 2015; for prescriptions for Flurbiprofen 10%-Capsaicin 0.025% cream quantity 120 grams with 4 refills and Lidocaine 5%- Gabapentin 10% gel quantity 120 grams with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025% cream Qty 120 with 4 refills: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical analgesic compound is Flurbiprofen 10% and Capsaicin 0.025%, There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Capsaicin, which is only recommended as an option in patients who have not responded or are intolerant to other treatments, per MTUS. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Lidocaine 5%, Gabapentin 10% gel Qty 120 with 4 refills: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines, and there is no peer-reviewed literature to support its use. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.