

Case Number:	CM15-0193396		
Date Assigned:	10/07/2015	Date of Injury:	07/22/2014
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, 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 is a 58-year-old male who sustained an industrial injury 7-22-2014. Diagnoses have included bilateral hip and knee internal derangement, lumbar discopathy, rule out radiculopathy. Documented treatment includes medication including Cyclobenzaprine, Nabumetone, Prevacid, Ondansetron ODT, Tramadol, Lunesta, Tylenol #4, Norco, Cymbalta, and Menthoderm Gel. On 7-14-2015, the injured worker continued to report constant, sharp, bilateral hip pain with the left being worse. He reported that this interferes with his ability to perform activities of daily living and extended periods of walking. He said the pain was radiating into the lower extremities and included numbness. At that visit, pain was reported as 8 out of 10, which stated as "unchanged." He also reported no change in bilateral knee pain, which was aggravated by kneeling, squatting, use of stairs, and prolonged walking and standing. At the visit, pain was rated as 5 out of 10. The treating physician's plan of care includes retrospective requests for Flurbiprofen-Capsaicin cream with 4-5 refills from 9-5-2015; and Lidocaine-Gabapentin gel #60 from 9-4-15. Documentation regarding rationale or previous use of these medications is not present in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 10%/ Capsaicin 0.025% cream, with 4-5 refills (DOS: 9/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Flurbiprofen 10%, Capsaicin 0.025% cream with 4-5 refills date service September 5, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are internal derangement bilateral hips; internal derangement bilateral knees; and lumbar discopathy. Date of injury is July 22, 2014. Request for authorization is September 4, 2015. According to the most recent progress note in the medical record dated July 14, 2015, subjective complaints, include bilateral hip pain that radiates to the lower extremities. Pain scale is 8/10. There is also pain in the bilateral knees. Objectively, there is tenderness to palpation of the hip and anterior groin. There is tenderness over the anterior joint line of the bilateral knees. The treatment plan states medications are listed as an attachment. There are no topical creams documented in the attachment. There is a pharmacy order sheet attached that contains the prescription. Additionally, there is no clinical indication for 4-5 refills without evidence of objective functional improvement. There is no clinical indication or rationale for the topical Flurbiprofen. There is no September 5, 2015 progress note in the medical record. The most recent progress notes the medical record dated July 14, 2015 contains the date (July 14, 2015) at the top of the page. The last page contains a handwritten September 1, 2015 date. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, retrospective Flurbiprofen 10%, capsaicin 0.025% cream is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, retrospective Flurbiprofen 10%, capsaicin 0.025% cream with 4-5 refills date service September 5, 2015 is not medically necessary.

Retrospective Lidocaine 5%/ Gabapentin 10% gel, #60 (DOS: 9/4/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective lidocaine 5%, gabapentin 10% gel #60 g date of service September 4, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are internal derangement bilateral hips; internal derangement bilateral knees; and lumbar discopathy. Date of injury is July 22, 2014. Request for authorization is September 4, 2015. According to the most recent progress note in the medical record dated July 14, 2015, subjective complaints, include bilateral hip pain that radiates to the lower extremities. Pain scale is 8/10. There is also pain in the bilateral knees. Objectively, there is tenderness to palpation of the hip and anterior groin. There is tenderness over the anterior joint line of the bilateral knees. The treatment plan states medications are listed as an attachment. There are no topical creams documented in the attachment. There is a pharmacy order sheet attached that contains the prescription. There is no clinical indication or rationale for the topical lidocaine and gabapentin. The most recent progress notes the medical record dated July 14, 2015 contains the date (July 14, 2015) at the top of the page. The last page contains a handwritten September 1, 2015 date. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical lidocaine in non-Lidoderm form and topical gabapentin) that is not recommended is not recommended. Consequently, retrospective lidocaine 5%, gabapentin 10% gel #60 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective lidocaine 5%, gabapentin 10% gel #60 g date of service September 4, 2015 is not medically necessary.