

Case Number:	CM15-0198192		
Date Assigned:	10/13/2015	Date of Injury:	12/12/2010
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, 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 53 year old female who sustained an industrial injury on 12-12-10. Diagnoses are noted as status post right anterior cruciate ligament reconstruction and meniscus debridement, status post left knee arthroscopy, recurrent right meniscus tear, lumbar spine sprain-strain, radiculitis right lower extremity, discogenic back, lumbar spine degenerative disc-joint disease, cervical spine sprain-strain, bilateral wrist sprain, bilateral shoulder sprain-strain, insomnia, headaches, depression, post traumatic stress disorder, diabetes mellitus, and psychosexual dysfunction. In a progress report dated 8-26-15, the physician notes complaints of pain in the shoulders (pain rated 6 out of 10), wrist (rated 6 out of 10), neck (rated 6 out of 10), lower back (rated 8 out of 10), and knee (rated 10 out of 10). It is reported that her knee gave out on her. Also reported are complaints of nocturnal pain, headaches with increased stress and anxiety levels. Pain is reported to reduce with rest, activity modification and heat. Current medications are Norco 10-325mg, pain patches and Celebrex. It is noted that prior to current medications, she slept 6-7 hours per night and since beginning current medications, she sleeps 8 hours per night. Per the records, exams are as follows: Upper extremity exam notes tenderness of both shoulders and impingement maneuver reveals pain on both shoulders. Wrists are tender to palpation and Phalen's test reveals pain on both wrists. The cervical paraspinals are tender to palpation with spasm bilaterally and there is tenderness at facet joints referring to the trapezius and shoulder. Shoulder depression test is positive. Seated and supine straight leg raise is positive on the right. There is lumbar spine paraspinal tenderness and muscle guarding, and range of motion is limited by pain. Tenderness of the right knee and positive McMurray's and extensor

rotation is noted. Appley's grinding test is positive on both knees. Work status is to return to modified work 8-26-15. Previous treatment includes acupuncture surgery, medications (Norco since at least 3-18-15), and home exercise. On 9-9-15, the requested treatment of Norco 10-325mg #120 was modified to #90, and compound cream; Lidocaine-Gabapentin-Ketoprofen 120 grams #1 with 2 refills, and compound cream Flurbiprofen-Lidocaine 120 grams #1 with 2 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS states that opioids may be used on a long-term basis if there is documented pain relief, functional improvement and return to work. The 4 A's should also be documented (analgesia, ADLs, appropriate medication use and adverse effects). In this case the date of injury was 12/12/2010 and the diagnosis is lumbar and bilateral knee pain. The claimant has a high level of pain despite the use of Norco. There is no documentation of functional improvement secondary to Norco. The patient does not appear to have been appropriately monitored for the 4 A's. Therefore, the request is not medically necessary or appropriate.

Compound cream Lidocaine, Gabapentin and Ketoprofen, 120gms #1 with 2 refills: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is specifically only approved in the form of a Lidoderm patch. This product not contains Lidocaine, but also Gabapentin and Ketoprofen, which are both specifically not recommended for topical use. Gabapentin has no evidenced-based efficacy. Ketoprofen has an extremely high incidence of photo contact dermatitis. Therefore this request is not medically necessary or appropriate.

Compound cream Flurbiprofen and Lidocaine, 120gms, #1 with 2 refills: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no scientific research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this request, the product contains Lidocaine, which is only approved in the form of a Lidoderm patch. Flurbiprofen is an NSAID, which is not recommended for topical use in the spine, hips or shoulders. There is also no evidence that the patient cannot tolerate an oral NSAID. Therefore, this request is not medically necessary or appropriate.