

Case Number:	CM15-0198268		
Date Assigned:	10/13/2015	Date of Injury:	06/20/2008
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
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, District of Columbia, Maryland
 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 60-year-old male who sustained an industrial injury on 6-20-2008. Diagnoses include status post right knee meniscectomy and repair of medial meniscal tear, 9-30-2008; lumbar radiculopathy; left sacroiliitis; myofascial syndrome; tension headaches; and, chronic pain syndrome. On 9-9-2015 the injured worker presented with low back pain radiating to the left leg, and right knee pain. He said he was unable to sit for greater than 5-10 minutes without increased pain. He uses a cane for walking. At the visit, pain was rated as 5 out of 10, but without medication he stated it can go as high as 7 out of 10 on the VAS 0-10 rating. With examination, the right knee was noted as painful to palpation medial to the patella, and internal rotation caused severe pain. Documented treatment includes medications including Tylenol No. 4 for at least the past 6 months, noted 9-9-2015 to be replacing Tylenol No. 4 due to "better pain relief," and the injured worker has been taking Ibuprofen, but the physician is prescribing transdermal ointment: Flurbiprofen 20 percent, Baclofen 10 percent, Dexamethasone 2 percent, cyclobenzaprine 2 percent, and instructing the injured worker to stop taking Ibuprofen. The objective stated is for pain and inflammation, and decrease medication usage. Gastric symptoms are not discussed in the provided notes. A request was submitted for the transdermal ointment, but this was denied on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal ointment Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Cyclobenzaprine 2%, apply a thin layer topically TID #240g, duration for two months:
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: Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [Besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dexamethasone. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since dextromethorphan and gabapentin are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As topical gabapentin, baclofen and cyclobenzaprine are not recommended, the compound is not medically necessary.