

Case Number:	CM15-0198436		
Date Assigned:	10/13/2015	Date of Injury:	03/03/2012
Decision Date:	11/24/2015	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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 3-3-12. The injured worker was diagnosed as having right elbow medial epicondylitis. Treatment to date has included physical therapy; status post right elbow injection (4-15-15); medications. Currently, the PR-2 notes dated 8-24-15 indicated the injured worker complains of right elbow pain. The provider notes "Change in coloration of the skin on the inner part of the elbow after the injection." Objective findings are documented by the provider as "Hypopigmentation of the skin of the medial epicondyle. Tenderness of the medial epicondyle with positive provocative test for medial epicondylitis." The provider's treatment plan documents "I explained to the patient that the change in coloration of the skin as I mentioned to her prior to the injection is as result of the medication which especially occurs in people with dark skin. I explained to her that the change in coloration may be permanent or may improve with time. I did inform her of these potential changes prior to the injection and she acknowledges that as well. I gave her topical creams including Flurbiprofen 20%, Lidocaine 5%, 240 grams/jar and Lidocaine 6%, Gabapentin 10% Ketoprofen 10% 240 grams/jar." A procedure note was submitted indicating on 4-6-15 the provider administered a right elbow-medial epicondyle injection using 80mg of Depomedrol, 1cc of lidocaine and 1cc Marcaine. A Request for Authorization is dated 10-8-15. A Utilization Review letter is dated 9-17-15 and non-certification for Flurbiprofen 20%, Lidocaine 5%, 240 grams/jar and Lidocaine 6%, Gabapentin 10% Ketoprofen 10% 240 grams/jar. A request for authorization has been received for Flurbiprofen 20%, Lidocaine 5%, 240 grams/jar and Lidocaine 6%, Gabapentin 10% Ketoprofen 10% 240 grams/jar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5%, 240 grams/jar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain subsection under Medication - compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen 20%, Lidocaine 5%, 240 grams/jar is determined to not be medically necessary.

Lidocaine 6%, Gabapentin 10% Ketoprofen 10% 240 grams/jar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain subsection under Medication - compound drugs.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical ketoprofen is not FDA approved, and not recommended by the MTUS Guidelines. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for Lidocaine 6%, Gabapentin 10% Ketoprofen 10% 240 grams/jar is determined to not be medically necessary.

