

Case Number:	CM15-0201617		
Date Assigned:	10/16/2015	Date of Injury:	12/08/2010
Decision Date:	12/02/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, California
 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:

This is a 57 year old male patient with an industrial injury dated 12-08-2010. The diagnosis includes right knee osteoarthritis. According to the progress report dated 05-14-2015, he reported aching and soreness. Objective findings revealed improvement with physical therapy. According to the progress note dated 06-04-2015, he had right knee pinching and soreness. Objective findings revealed improved and 0-115 degree range of motion. According to the progress report dated 07-09-2015, he had increased pain. The physical examination revealed 0-120 degree range of motion in the knee and "headed for TKA." The medications list includes Advil (per the note dated 6/4/15). Treatment has included right knee lateral unicompartment arthroplasty on 05-25- 2013, physical therapy, meds and periodic follow up visits. The utilization review dated 09-26- 2015, non-certified the request for Retrospective: Flurbiprofen-Lidocaine (DOS: 8-20-15), Retrospective: Gabapentin-Amitriptyline-Capsaicin (DOS: 8-20-15) and Retrospective: Cyclobenzaprine-Lidocaine (DOS: 8-20-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flurbiprofen/Lidocaine (DOS: 8/20/15): 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: Request: Retrospective: Flurbiprofen/Lidocaine (DOS: 8/20/15). This is a request for topical compound medication. Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." Evidence of neuropathic pain is not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by MTUS for topical use because of the absence of high-grade scientific evidence to support their effectiveness. Retrospective: Flurbiprofen/Lidocaine (DOS: 8/20/15) is not medically necessary for this patient.

Retrospective: Gabapentin/Amitriptyline/Capsaicin (DOS: 8/20/15): 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: Request: Retrospective: Gabapentin/Amitriptyline/Capsaicin (DOS: 8/20/15). This is a request for topical compound medication. Gabapentin is anticonvulsant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Evidence of neuropathic pain is not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least

one drug (or drug class) that is not recommended is not recommended. Amitriptyline and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. Retrospective: Gabapentin/Amitriptyline/Capsaicin (DOS: 8/20/15) is not medically necessary for this patient.

Retrospective: Cyclobenzaprine/Lidocaine (DOS: 8/20/15): 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: Request: Retrospective: Cyclobenzaprine/Lidocaine (DOS: 8/20/15). This is a request for topical compound medication. Cyclobenzaprine is a muscle relaxant. The Cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Evidence of neuropathic pain is not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cyclobenzaprine is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. Retrospective: Cyclobenzaprine/Lidocaine (DOS: 8/20/15) is not medically necessary for this patient.