

Case Number:	CM15-0203430		
Date Assigned:	10/22/2015	Date of Injury:	03/05/2014
Decision Date:	12/07/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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 25 year old female who sustained an industrial injury on 03-05-2014. A review of the medical records indicated that the injured worker is undergoing treatment for left internal derangement and left knee chondromalacia. The injured worker is status post lateral meniscectomy on 10-14-2014. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience left knee pain rated as 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation and muscle spasm of the anterior knee. Motor strength was 5 minus out of 5 of the left quadriceps with deep tendon reflexes intact. Range of motion of the left knee was noted as 130-110 degrees and extension 0 degrees. A mild antalgic gait and limp without the use of assistive devices were noted. McMurray's was positive. Valgus, Varus, anterior and posterior drawer were negative. Prior treatments have included diagnostic testing, surgery, custom knee brace, post-operative physical therapy (12 completed) and medications. Current medications were listed as Norco and Naproxen. Treatment plan consists of Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the bilateral lower extremities, chiropractic physio therapy, weight watcher program, dispensed Cyclobenzaprine, Functional Capacity Evaluation (FCE), range of motion with muscle testing analysis, orthopedic surgeon follow-up and the current request for Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in Cream Base 240gms and Amitriptyline 10%-Gabapentin 10%-Bupivacaine. On 09-14-2015, the Utilization Review determined the request for Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in Cream Base 240gms and Amitriptyline 10%-Gabapentin 10%-Bupivacaine were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in Cream Base 240gms: 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, Pain (Chronic), Online Version, Topical Analgesics.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Baclofen is not FDA approved for topical applications. There is no evidence to support its use topically. Use of a non-FDA approved product for unknown purpose is not recommended. 3) Camphor/Menthol: Topical soothing effect. No information available. 4) Dexamethasone: Not recommended. Dexamethasone is a steroid. There is no information available in MTUS Chronic pain or ACOEM guidelines concerning topical use of steroids for musculoskeletal pains. Review of Official Disability Guide and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. Not recommended. 5) Capsaicin: Not recommended. Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. 6) Hyaluronic acid: Only approved for oral use and intraarticular injection. There is no evidence to support topical application. Not medically necessary. This compounded substance contains multiple unapproved applications of drugs with active effects. This substance has unknown safety profile or any evidence to support efficacy. This non-evidence based substance is not supported by evidence and is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine: 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, Pain (Chronic), Online Version, Topical Analgesics.

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

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. 2) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 3) Bupivacaine: Only topical lidocaine is approved for neuropathic pain. Bupivacaine is only approved for injection for local or regional anesthesia. Use of a non-FDA approved product for unknown purpose is not recommended. This compounded substance contains multiple unapproved applications of drugs with active effects. This substance has unknown safety profile or any evidence to support efficacy. This non-evidence based substance is not supported by evidence and is not medically necessary.