

Case Number:	CM15-0204350		
Date Assigned:	10/21/2015	Date of Injury:	05/19/2014
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old male, who sustained an industrial injury on 5-19-2014. The injured worker is being treated for right knee tricompartmental arthrosis. Treatment to date has included nerve blocks, modified activity, work restrictions and injections. Per the most recent submitted Primary Treating Physician's Progress Report dated 6-11-2015, the injured worker right knee soreness with frequent swelling and limited range of motion. Objective findings are handwritten and are documented as medial compartment right knee. Per the progress report dated 9-16-2015 the IW was status post right medial knee arthroplasty dated 9-14-2015 and was stale post-op. Per the medical records dated 5-28-2015 to 9-14-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was modified-partial capacity on 6-11-2015. The plan of care at that time included surgical intervention. Authorization was requested for Flurbiprofen-Lidocaine 20% (DOS 9-01-2015), Gabapentin-Amitriptyline-Capsaicin 10% and Cyclobenzaprine-Lidocaine 10%. On 10-05-2015, Utilization Review non-certified the request for Flurbiprofen-Lidocaine 20%, Gabapentin-Amitriptyline-Capsaicin 10% and Cyclobenzaprine-Lidocaine 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Date of service (DOS): 09/01/15 pharmacy purchase of (compounds): Flurbiprofen/Lidocaine 20% 150 grams Qty: 1: 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: Regarding the request for 09/01/15 pharmacy purchase of (compounds): Flurbiprofen/Lidocaine 20% 150 grams Qty, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, 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. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Date of service (DOS): 09/01/15 pharmacy purchase of (compounds): Flurbiprofen/Lidocaine 20% 150 grams Qty is not medically necessary.

Gabapentin/Amitriptylin /Capsaicin 10% 150 grams Qty: 1: 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: Regarding the request for Gabapentin/Amitriptylin /Capsaicin 10% 150 grams Qty: 1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Gabapentin/Amitriptylin /Capsaicin 10% 150 grams Qty: 1 is not medically necessary.

Cyclobenzaprine/Lidocaine 10% 150 grams Qty: 1: 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: Regarding the request for Cyclobenzaprine/Lidocaine 10% 150 grams Qty: 1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Cyclobenzaprine/Lidocaine 10% 150 grams Qty: 1 is not medically necessary.