

Case Number:	CM15-0204352		
Date Assigned:	10/21/2015	Date of Injury:	09/24/2009
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
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

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 49 year old male who sustained an industrial injury on 09-24-2009. A review of the medical records indicated that the injured worker is undergoing treatment for chronic bilateral knee pain. The injured worker has a medical history of diabetes mellitus and hypertension. The injured worker is status post left knee partial medial meniscectomy in 2010, left knee medial unicompartmental arthroplasty in 2012 and right knee arthroscopy in 2014. According to the treating physician's progress report on 08-14-2015, the injured worker continues to experience left knee pain rated at 7 out of 10 down to 4 out of 10 on the pain scale taking 2-3 Norco tablets a day. Examination of the left knee demonstrated tenderness to palpation over the anterior and medial joint line with decreased range of motion by 15% with flexion. There was no warmth or swelling evident. Anterior and posterior drawer tests were negative. A left knee Computed Tomography (CT) with official report performed on 07-21-2015 was included in the review and discussed in the progress notes date 08-14-2015. Prior treatments have included diagnostic testing, surgery and medications. Current medications were listed as Norco 10mg-325mg, Klonopin, Prilosec and diabetic medications. Treatment plan consists of orthopedic surgeon for possible left knee surgery, increase Norco and the current request for retrospective requests for Flurbiprofen 20% 150gms (including Flurbiprofen, Lidocaine and Versapro base cream) DOS: 9-8-15, retrospective Gabapentin 10% 150gms (including Gabapentin powder, Amitriptyline, Capsaicin and Versapro base cream) DOS: 9-8-15 and retrospective Cyclobenzaprine 10% 150gms (including Cyclobenzaprine powder, Lidocaine and Versapro base cream) DOS: 9-8-15. On 10-06-2015 the Utilization Review determined the

retrospective requests for Flurbiprofen 20% 150gms (including Flurbiprofen, Lidocaine and Versapro base cream) DOS: 9-8-15, Gabapentin 10% 150gms (including Gabapentin powder, Amitriptyline, Capsaicin and Versapro base cream) DOS: 9-8-15 and Cyclobenzaprine 10% 150gms (including Cyclobenzaprine powder, Lidocaine and Versapro base cream) DOS: 9-8-15 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% 150gms (including Flurbiprofen, Lidocaine and Verapro base cream) DOS 9-8-15: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation <http://www.versaprocreambase.com/>.

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. Per manufacturer information versapro base cream is a moisturizing cream formulated with penetrating properties. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for retrospective Flurbiprofen 20% 150gms (including Flurbiprofen, Lidocaine and Verapro base cream) DOS 9-8-15 is determined to not be medically necessary.

Retrospective Gabapentin 10% 150gms (including Gabapowder, Amitriptyline, Capsaicin and Verapro base cream) DOS 9-8-15: 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): Amitriptyline, Capsaicin, topical, Topical Analgesics. Decision based on Non-MTUS Citation <http://www.versaprocreambase.com/>.

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. The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Per manufacturer information vesapro base cream is a moisturizing cream formulated with penetrating properties. As at least one if the medications in the requested compounded medication is not recommended by the guidelines, the request for retrospective Gabapentin 10% 150gms (including Gabapowder, Amitriptyline, Capsaicin and Verapro base cream) DOS 9-8-15 is determined to not be medically necessary.

Retrospective Cyclobenzaprine 10% 150gms (including Cyclobeza Powder, Lidocaine and Verapro base cream) DOS 9-8-15: 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): Cyclobenzaprine (Flexeril), Topical Analgesics. Decision based on Non-MTUS Citation <http://www.versaprocreambase.com/>.

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. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. 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. Per manufacturer information vesapro base cream is a moisturizing cream formulated with penetrating properties. As at least one if the medications in the requested compounded medication is not recommended by the guidelines, the request for retrospective Cyclobenzaprine 10% 150gms (including Cyclobeza Powder, Lidocaine and Verapro base cream) DOS 9-8-15 is determined to not be medically necessary.