

Case Number:	CM15-0204565		
Date Assigned:	10/21/2015	Date of Injury:	03/23/2007
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male sustained an industrial injury on 3-23-07. Documentation indicated that the injured worker was receiving treatment for left knee osteoarthritis with chondromalacia, synovitis, torn anterior cruciate ligament and posterior cruciate ligament and recurrent medial meniscus tear and lumbar spine extruded disc with radiculopathy. Previous treatment included epidural steroid injections, physical therapy, heat, lumbar brace, home exercise and medications. In a PR-2 dated 8-24-15, subjective complaints were documented as "herniated nucleus pulposus lumbar spine extruded L3-4 with radiculopathy and left total knee, no problem". Physical exam was remarkable for positive bilateral straight leg raise, positive sensory defects at L5-S1, lumbar spine range of motion: flexion 42 degrees, extension 18 degrees, right lateral bend 25 degrees and left lateral bend 20 degrees, tenderness to palpation at the sciatic notch and positive Lasegue's test. The physician noted that he wanted to avoid lumbar surgery. The physician recommended medication management with a trial of Gabapentin to decrease nerve symptoms as well as medications (Naproxen Sodium, Tramadol and Omeprazole) and topical compound creams: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%. On 9-22-15, Utilization Review noncertified a request for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% and Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% with a DOS of 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% with a dos of 8/24/2015: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the exam note from 8/24/15 demonstrates there is no evidence of failure of first line medications such as Gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Retro Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% with a dos of 8/24/2015: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." According to CA MTUS guidelines, "there is no evidence for use of any other muscle relaxant as a topical product." According to CA MTUS guidelines, the use of topical Gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.