

Case Number:	CM15-0208100		
Date Assigned:	10/27/2015	Date of Injury:	07/15/2007
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 61 year old female, who sustained an industrial injury on 7-15-2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back strain with radiculopathy down the left lower extremity and status post total knee replacement of the left knee and status post arthroscopic repair of the left knee with residual symptoms. On 9-18-2015, the injured worker reported left knee and low back pain. The Primary Treating Physician's report dated 9-18-2015, noted the injured worker reported medications seemed to help manage her daily pain. The injured worker's current medications were noted to include Hydrocodone, Meloxicam, and Pantoprazole. The physical examination was noted to show the injured worker with an antalgic gait with discomfort flexing her left knee with joint line discomfort and pain and some swelling which appeared to be chronic in nature. The injured worker was noted to have multiple trigger points of discomfort with a significant amount of tenderness at the SI joint on the left side. The right knee was noted to have medial joint line pain and swelling with catching, positive straight leg raise on the left side and decreased ankle dorsiflexion and atrophy in the left leg. An electromyography (EMG)-nerve conduction velocity (NCV) was noted to be negative. The injured worker was noted to need follow-up for complaints of radiating pain posterior leg and weakness. Prior treatments have included Vicodin, Relafen, Cyclobenzaprine, and Prilosec, left total knee replacement 8-5-2013, physical therapy, and chiropractic treatments. The treatment plan was noted to include requests for medication refills of Hydrocodone, Omeprazole, and Meloxicam with discontinuation of Naprosyn. The injured worker was noted to be on the minimal amount of medications she could use and still remain functional. The request for authorization dated 9-18-2015, requested Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.6% in cream base and Amitriptyline 10%/Gabapentin

10%/Bupivacaine 5% in cream base. The Utilization Review (UR) dated 10-6-2015, non-certified the requests for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.6% in cream base and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.6% in cream base:
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: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base: 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: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.