MAXIMUS Federal Services

Case Number:	CM15-0022293		
Date Assigned:	02/11/2015	Date of Injury:	03/21/2014
Decision Date:	03/25/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/06/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 was a 60 year old male, who sustained an industrial injury, March 21, 2014. The injured worker suffers from accumulative trauma from performing usual and customary job duties from October 22, 2010 through March 21, 2014. According to progress note of January 9, 2015, the injured workers chief complaint was bilateral knee pain with clicking, catching and swelling and low back pain. The physical exam noted decreased lumbar flexion and pain with arising, supine straight leg raises were positive. There was decreased sensation at the dorsal aspect of the right foot. Examination of the bilateral knees showed soft tissue swelling, with a mild intra-articular effusion, otherwise normal. The injured worker was diagnosed with large defect of the lumbar at L4-L5 articulation with a disc herniation, patellafemoral mal-alignment of the bilateral knees with medical compartment osteoarthritis. The injured worker previously received the following treatments x-rays of the bilateral knees were negative for changes, orphenadrine/caffeine 50/10 capsules, Gabapentin/Pyridoxine 250/10mg, Omeprazole/flurbiprofen 10/100mg, Flurbiprofen/cyclobenzaprine/menthol cream 20% and KeraTek Gel. On January 9, 2015, the primary treating physician requested authorization for Flurbiprofen/cyclobenzaprine/menthol cream 20% and KeraTek Gel. On February 3, 2015, the Utilization Review denied authorization for Flurbiprofen/cyclobenzaprine/menthol cream 20% and KeraTek Gel. The denial was based on the MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Cyclo/Menth Cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication is a combination of ingredients that are not listed in the California MTUS as recommended agents to be used as topical analgesics. Therefore, criteria as set forth in the California MTUS have not been met and the request is not certified.

Kera Tek Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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

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