

Case Number:	CM15-0213385		
Date Assigned:	11/03/2015	Date of Injury:	04/01/2014
Decision Date:	12/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 worker is a female worker who sustained an industrial injury on April 01, 2014. The worker is being treated for: industrial injuries involving neck, back, right knee, right elbow, right ankle and right hand: internal derangement of the left knee, medial meniscus, right, and right CTS. Subjective: May 14, 2015 she reported complaint of right knee pain described as constant in occurrence, moderate to severe intensity, and throbbing in nature. This pain is made worse with walking standing or kneeling and it also radiates to the calf; occasionally the knee gives out. There is also right hand and wrist pain with varied intensity, constantly present, described as sharp that is aggravated with driving, writing, gripping and grasping. There is note of associated numbness and tingling in the hand and fingers. September 03, 2015 she complained of neck, upper back, lower back, right elbow, right wrist and hand, right knee pain, and right ankle pains. Objective: May 14, 2015 noted the right wrist and hand with tenderness to palpation over the volar surface; positive right sided findings of: Tinel's, Phalen's, Finkelstein's, and Gamekeeper's testing; decreased sensation over the finger of the right hand. The right knee noted with static digital palpation eliciting tenderness over the over the knee compartment. The right knee was found with flexion beyond 100 degrees with patellofemoral grating, and patellar tracking. The following noted with positive findings on the right: McMurray's, Apley's compression and distraction. No sensory deficit noted. September 03, 2015 noted three plus spasms throughout entire spine with tenderness to palpation. The following maneuver's found with positive results: axial compression bilaterally for neurological compromise, distraction bilaterally, shoulder depression bilaterally, Kemp's bilaterally, SLR bilaterally, Yeoman's bilaterally, reverse Cozen's, right; Tinel's, right; drawer test, right; McMurray's, right, and grinding, right. The L5 dermatome

noted decreased on the right to light touch along with S1 dermatome. Diagnostic: April, 2014 initial radiography's; August 2014 MRI right knee noted joint effusion, lateral tilt and subluxation, mild chondromalacia and horizontal tear; EMG NCV June 2014, noted RCS August 13, 2015 repeat testing WNL; physical therapy. Medication: April 2014 initial pain medication and anti-inflammatory; August 03, 2015, September 03, 2015; prescribed inflammation topical compound cream and a muscular pain topical compound cream with recommendation for OTC Aleve. Treatment: medication, DME cane, May 14, 2015 requesting surgical intervention right knee; home exercise program, activity modification. On September 09, 2015 a request was made for two compound topical creams containing: Flurbiprofen 15%, Flexeril 2%, Baclofen 2%, and Lidocaine 5% 180GM and the other with: Lidocaine 6%, Gabapentin 10%, Ketoprofen 10% 180GM that were both non-certified by Utilization Review on September 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inflammation topical compound - Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180gm with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Inflammation topical compound - Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 180gm with 2 refills is not medically necessary.

Muscular pain topical compound - Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Muscular pain topical compound - Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills is not medically necessary.