

Case Number:	CM15-0216942		
Date Assigned:	11/06/2015	Date of Injury:	02/08/2014
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: Physical Medicine & Rehabilitation

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 injured worker is a 35 year old male who reported an industrial injury on 2-8-2014. His diagnoses, and or impressions, were noted to include: chondromalacia of patella; status-post left knee arthroscopy with persistent pain along the patellofemoral portion of the knee; right knee contusion, rule-out internal derangement; cervical and lumbar sprain-strain; hypoesthetic pain syndrome of the left lower extremity, rule-out early chronic regional pain syndrome; and superimposed contusion, left knee from date of injury 5-10-2015. No current imaging studies were noted. His treatments were noted to include medication management with toxicology screenings (5-4-15 & 7-15-15); and rest from work. The orthopedic-neurosurgical progress notes of 7-13-2015 reported: a follow-up evaluation; that authorization for this injured worker to see pain management and a knee specialist was received; and that MRI of the cervical and lumbar spine remained pending. The objective findings were noted to include focal tenderness along the anteromedial aspect of the fact joint on the right side and along the proximal tibia. The physician's requests for treatment were noted to include transdermal creams of Flurbiprofen 20% compound cream for relief of mild-moderate pain; Gabapentin 10% compound cream for relief of muscle spasms and neuropathic pain; Cyclobenzaprine 10% compound cream for relief of muscle spasms, in the effort to minimize the amount of oral medication because he had not been tolerating oral analgesics. The Request for Authorization, dated 10-13-2015, was noted to include: Flurbiprofen 20% compound cream, 150 grams; Gabapentin 10%, 150 grams; and Cyclobenzaprine 10% compound cream, 150 grams. The Utilization Review of 10-28-2015 non-

certified the request for: Flurbiprofen 20% compound cream, 150 grams; Gabapentin 10%, 150 grams; and Cyclobenzaprine 10% compound cream, 150 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 150gm: 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 MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Capsaicin, antidepressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this antidepressant and anti-seizure medications for this chronic February 2014 injury without improved functional outcomes attributable to their use. Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from antiepileptic treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 150gm is not medically necessary and appropriate.

Cyclobenzaprine 10%, Lidocaine 2% 150gm: 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 MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short

duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this muscle relaxant treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use for this 2014 injury. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status to support further use as the patient remains unchanged. The Cyclobenzaprine 10%, Lidocaine 2% 150gm is not medically necessary and appropriate.

Flurbiprofen 20%, Lidocaine 5% 150gm: 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 MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Lidocaine medications for this chronic February 2014 injury without improved functional outcomes attributable to their use. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. The Flurbiprofen 20%, Lidocaine 5% 150gm is not medically necessary and appropriate.

