

Case Number:	CM15-0218198		
Date Assigned:	11/10/2015	Date of Injury:	03/31/2014
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male with a date of injury on 03-31-2014. The injured worker is undergoing treatment for bilateral knee chondromalacia patella and state post right knee arthroscopy on 08-18-2015. A physician progress note dated 08-18-2015 documents the injured worker has complaints of frequent sharp pain in her right knee that she rates as 5-6 out of 10 on the pain scale without medications. His knee was getting stronger with physical therapy. He has difficulty falling asleep due to pain and waking during in the night due to pain. On examination there is tenderness to his right knee. Apley's grinding test, McMurray test with interior rotation and McMurry's with exterior rotation is positive on the right knee. Drawer test is negative on the right knee. There is no sign of infection. On 09-11-2015, there is a prescription for Flurbiprofen 15%, Cyclobenzaprine 2%, and Baclofen 5%, Lidocaine 5% quantity 180gm with two refills. He is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, past use of crutches, heat, status post status post right knee arthroscopy on 08-18-2015 and injection on 09-02-2015, physical therapy, and a home exercise program. Current medications include Tramadol ER, Naproxen, Prilosec, and Neurontin. Previously prescribed creams were also helpful. On 10-06-2015 Utilization Review non-certified the request for Cream: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 5%, Lidocaine 5% quantity 180gm with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 5%, Lidocaine 5% quantity 180gm with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: 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). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As several components are not recommended, the compound is not medically necessary.