

Case Number:	CM15-0220319		
Date Assigned:	11/16/2015	Date of Injury:	11/03/2014
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, California

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:

This is a 48-year-old male patient, with a reported date of injury of 11-03-2014. The diagnoses include lumbar myositis, lumbar myalgia, lumbosacral radiculopathy, lumbar spine sprain and strain, knee internal derangement, knee sprain and strain, knee osteoarthritis, insomnia, anxiety, and depression. Per the doctor's note dated 10-07-2015, he had complaints of low back pain, rated 5-6 out of 10 without medications and 3 out of 10 with medications. The pain was aggravated by activities, and was associated with radiating pain, numbness, and tingling to both lower extremities. He also complained of bilateral knee pain, rated 8-9 out of 10, loss of sleep due to pain, anxiety, and depression. The physical examination showed mild distress due to pain; a guarded gait; tenderness and myospasm palpable over the bilateral paralumbar muscles; tenderness to palpation in the sciatic notches; circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over the bilateral paralumbar muscles; positive bilateral straight leg raise test, causing low back pain radiating to posterior thigh upon 30 degrees of right or left leg raising; positive Braggard's test bilaterally; decreased lumbar range of motion in all planes; a normal thoracic spine exam; no paracervical tenderness or myospasm; full cervical range of motion in all planes; normal exam of the shoulder; tenderness of the medial and lateral knee joint lines of both knees; painful patellar tracking in both knees; positive grinding test in both knees; and decreased bilateral knee range of motion due to end range knee pain. The medications list includes Tramadol, Naproxen, Cyclobenzaprine, Omeprazole and topical compound creams. He was recommended to be on temporary total disability for 45 days. The diagnostic studies to date have included x-ray of the

right knee on 07-29-2015 which showed mild medial compartment degenerative changes; and an MRI of the right knee on 07-29-2015 which showed medial compartment degenerative changes, reactive marrow changes and subchondral cyst formation, patellofemoral articular cartilage wear and degeneration, intrasubstance degeneration involving the posterior horn of bilateral menisci, and partial tear and sprain involving the distal quadriceps and proximal patellar tendons. His surgical history includes left knee ACL reconstruction in 2002. Treatments and evaluation to date have included 12 physical therapy visits for the bilateral knees and medications. The treating physician prescribed Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% QTY: 1 for 30 day supply. The utilization review dated 11-02-2015, non-certified the request for Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5% QTY: 1 for 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/lidocaine 5%/amitriptyline 5% QTY: 1 for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Flurbiprofen is an NSAID and amitriptyline is an antidepressant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants) (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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." "Lidocaine Indication: 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...." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and amitriptyline are not recommended by MTUS for topical use because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 20%/lidocaine 5%/amitriptyline 5% QTY: 1 for 30 day supply is not fully established for this patient.