

Case Number:	CM15-0034360		
Date Assigned:	03/02/2015	Date of Injury:	05/16/2011
Decision Date:	04/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey

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 is a 56-year-old male with an industrial injury dated May 16, 2011. The injured worker diagnoses include degenerative disc disease osteoarthritis, joint pain in lower leg and internal derangement of the knee. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy, home exercise therapy, and periodic follow up visits. The injured worker underwent a total knee replacement on November 20, 2014. According to the progress note dated 2/2/2015, the treating physician returned for a follow up due to ankylosis of the left knee following total knee arthroplasty. The treating physician noted that this knee had no swelling, warmth or redness. The treating physician prescribed Baclofen 2%/ Cyclobenzaprine 2%/ Flurbiprofen 10%/ Gabapentin 6% 120gm, quantity: 1. Utilization Review determination on February 17, 2015 denied the request for Baclofen 2%/ Cyclobenzaprine 2%/ Flurbiprofen 10%/ Gabapentin 6% 120gm, quantity: 1, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/Gabapentin 6% 120gm, quantity: 1:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Topical gabapentin is specifically designated as non-recommended by the MTUS Guidelines due to lack of supportive data. Also, any topical muscle relaxants, such as baclofen or cyclobenzaprine, are not recommended by the MTUS Guidelines due to no evidence to support their use in chronic pain. In the case of this worker, he was recommended Baclofen 2%/Cyclobenzaprine 2%/Flurbiprofen 10%/Gabapentin 6% 120gm to help treat his chronic pain, however, this combination analgesic preparation contains three ingredients which are not recommended and therefore, the entire medication product will be considered medically unnecessary.