

Case Number:	CM15-0046127		
Date Assigned:	03/18/2015	Date of Injury:	07/07/2003
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 46 year old male sustained an industrial injury to the left knee on 2/11/10. Previous treatment included left knee arthroplasty, physical therapy and medications. In a PR-2 dated 1/12/15, the injured worker complained of intermittent moderate to severe sharp left knee pain associated with prolonged sitting, bending and kneeling. The injured worker reported loss of sleep due to pain. Physical exam was remarkable for a well healed surgical site at the left knee status post left knee surgery with tenderness to palpation of the anterior knee, lateral joint line and lateral knee, decreased and painful range of motion and positive McMurray's test. The physician noted that x-rays dated 1/6/15 were unremarkable. Current diagnoses included left knee pain, status post left knee surgery and sleep disturbance. The treatment plan included magnetic resonance imaging left knee, follow up physical therapy for the left knee twice a week for six weeks, six acupuncture sessions, pain medicine consultation, home exercise kit, and an interferential unit to manage pain at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 1/22/15): Flurbiprofen 20%, Lidocaine #150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, the retro request for topical Cream-Flurbiprofen 20%, Lidocaine #150gm is not medically necessary.

Retro (DOS 1/22/15): Gabapentin 10% Cream, Amitriptyline, Capsaicin #150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Gabapentin is not recommended by MTUS guidelines. Therefore, the retro request for topical Cream-Gabapentin 10% Cream, Amitriptyline, Capsaicin #150gm is not medically necessary.

Retro (DOS 1/22/15): Cyclobenzaprine 10%, Lidocaine 150gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Lidocaine is not recommended by MTUS guidelines. Therefore, the retro request for Cyclobenzaprine 10%, Lidocaine 150gm cream is not medically necessary.