

Case Number:	CM15-0231801		
Date Assigned:	12/07/2015	Date of Injury:	09/17/2013
Decision Date:	01/14/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/25/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 62 year old male with an industrial injury date of 09-17-2013. Medical record review indicates he is being treated for status post right shoulder arthroscopy with rotator cuff repair, subacromial decompression, distal clavicle excision and biceps tenodesis, left knee symptomatic moderate medial compartment osteoarthritis, history of left lower extremity deep vein thrombosis, on adult strength aspirin and history of Crohn's disease with obesity. On 10-26-2015, the injured worker presented with right shoulder pain and easy fatigability. Other complaints included left knee pain unchanged from the previous. The treating physician noted the injured worker had been doing a diligent home program with icing and is unable to take anti-inflammatories due to Crohn's. Work status (10-26-2015) is documented as modified duty with no lifting more than 10 pounds. Current medications (10-26-2015) included Tramadol and a prescription for Flector patch. Prior treatment included hyaluronic acid injection, medications and right shoulder surgery. Physical exam (10-26-2015) noted mild effusion of left knee. Range of motion is documented as 0 to 120 degrees. Patellofemoral crepitation and patellofemoral grind test were positive. Tenderness was noted on the medial joint line with a negative McMurray test. Sensation to light touch was normal. On 11-06-2015, the following requests were non-certified by utilization review: GAC 150 Gm: Gabapentin 10%-Amitriptyline 5%,Capsaicin 0.025%,FL 150 Gm: Flurbiprofen 20%-Lidocaine 5%,CL 150 Gm: Cyclobenzaprine 10%-Lidocaine 2%

IMR ISSUES, DECISIONS AND RATIONALES

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

CL 150 Gm: Cyclobenzaprine 10%/Lidocaine 2%: 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, Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for CL 150 Gm: Cyclobenzaprine 10%/Lidocaine 2% is not medically necessary.

FL 150 Gm: Flurbiprofen 20%/Lidocaine 5%: 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: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for FL 150 Gm: Flurbiprofen 20%/Lidocaine 5% is not medically necessary.

GAC 150 Gm: Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025%: 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: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for GAC 150 Gm: Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025% is not medically necessary.