MAXIMUS Federal Services

Case Number:	CM15-0234585		
Date Assigned:	12/10/2015	Date of Injury:	07/09/2004
Decision Date:	01/14/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/01/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female who sustained an industrial injury on 7-9-04. She is working per 6-23-15 documentation. Medical records indicate that the injured worker has been treated for lumbago; cervicalgia; internal derangement of the knee; status post left index finger release (9-23-11); right thumb trigger finger; double crush syndrome; positive de Quervain's; status post left carpal tunnel release with left trigger thumb release (4-23-10); bilateral carpal tunnel syndrome; right knee degenerative joint disease and medial meniscus tear; status post left knee arthroscopy; chodroplasty left lateral tibial plateau; chondromalacia left knee. She currently (6-23-15) complained of constant cervical spine pain with radiation to the upper extremities; constant low back pain radiating to lower extremities; constant bilateral knee pain. Per documentation medications are helpful in relieving the patient's symptomatology; they improve activities of daily living and make it possible for continued work. The medication names were not specifically present. Treatments to date include the 1st of 3 Synvisc injections to the left knee; medications. The request for authorization was not present. On 11-18-15 Utilization Review non-certified the retrospective requests for Lidocaine-gabapentin 120 grams, date of survive 10-27-15; capsaicin-flurbiprofen-lipo cream 120 grams, date of service 10-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro compounds Lidocaine/Gabapentin 120gm. DOS 10/27/15: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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. According to CA MTUS guidelines, the use of topical gabapentin is not recommended. There is no peer-reviewed literature to support use. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Retro compounds Capsalan/Flurbiprofen/Lipo cream 120gm. DOS 10/27/15: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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. According to CA MTUS guidelines regarding the use of topical NSAIDs the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. CA MTUS guidelines state that Capsaicin, topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The indications for this topical medication are as follows: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.