

Case Number:	CM14-0141867		
Date Assigned:	09/18/2014	Date of Injury:	08/05/2013
Decision Date:	10/28/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 79-year-old female who reported an injury on 08/05/2013 due to a fall. Diagnoses were right middle finger posterior interphalangeal joint fracture, right thumb basilar joint arthrosis, lumbar discopathy, lower extremity radiculitis, left foot/ankle sprain/strain, and left peroneal tendinitis. Physical examination on 06/05/2014 revealed that the injured worker fell 2 weeks ago, scratching her arm; other than that, she was unchanged. Medications were helpful. Examination of the hand/wrist revealed Finkelstein's test was positive on the right. Examination of the back/lower extremities revealed the supine straight leg raise test was positive at 90 degrees bilaterally. Examination of the left foot/ankle revealed palpation of the foot evoked complaint of tenderness over the anterior talofibular ligament and peroneal tendon. Sensation to pinprick and light touch was decreased. Treatment plan was for pain management consultation, urological consultation, and medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5%, 180gm apply topically to affected area two-three times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine; Salicylate; Gabapentin Page(s): 111; 112; 105; 113.

Decision rationale: The decision for Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5%, 180 gm apply topically to affected area two-three times daily is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experiment in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. This topical analgesic also contains cyclobenzaprine (Flexeril). The medical guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxant as a topical product. The medical guidelines do not support the use of compounded topical analgesics. The medical guidelines do not support the use of cyclobenzaprine in a topical analgesic. There were no other significant factors provided to justify the use outside of current guidelines. This request is not medically necessary.

Capsaicin 0.0375%, Tramadol 6.5%, Flurbiprofen 5%, Menthol 2%, Camphor 2%, 180 gm apply topically to affected area two-three times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical Analgesics; Topical Capsaicin, page; Salicylate Topicals; Tramadol Page.

Decision rationale: The decision for Capsaicin 0.0375%, Tramadol 6.5%, Flurbiprofen 5%, Menthol 2%, Camphor 2%, 180 gm apply topically to affected area two-three times daily is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experiment in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine/National Institute of Health database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. A thorough search at FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is

for oral consumption, which is not recommended as a first line therapy. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical guidelines do not support the use of compounded topical analgesics. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.