

Case Number:	CM14-0143871		
Date Assigned:	09/12/2014	Date of Injury:	04/02/2003
Decision Date:	10/14/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine 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:

This is a 54-year-old female who reported an industrial injury on 4/2/2003, over 11 years ago, attributed to the performance of her usual and customary job tasks. The patient continued to complain of right knee pain. Patient was noted to receive his Synvisc injection the prior office visit. Patient noted that the pain to the right-handed improved. The objective findings on examination included decreased lumbar spine range of motion; positive SLR; tenderness in the right knee. The diagnosis was OA of the knee; lower back pain; and status post CTR. Patient was also diagnosed with hypertension; borderline diabetes mellitus; obesity status post gastric bypass leaves surgery; insomnia; and history of obstructive sleep apnea. The patient was treated with topical compounded analgesic creams.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 128, Chronic Pain Treatment Guidelines topical analgesics; anit-inflammatory medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--topical analgesics; topical analgesics compounded;

Decision rationale: The prescription for compounded topical cream Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. The use of compounded topical cream Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm is not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for compounded topical cream Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm is not medically necessary for the treatment of the patient's chronic hand pain complaints. Therefore, this request is not medically necessary.

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128, Chronic Pain Treatment Guidelines topical analgesics ; anti-inflammatory medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--topical analgesics; topical analgesics compounded

Decision rationale: The prescription for compounded topical cream Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 180gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. The use of compounded topical cream Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 180gm is not supported by the

applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for compounded topical cream Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 180gm is not medically necessary for the treatment of the patient's chronic hand pain complaints. The prescription of compounded topical cream Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 180gm is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of topical compounded cream Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 180gm for the treatment of chronic pain. This request is not medically necessary.