

Case Number:	CM14-0145143		
Date Assigned:	09/12/2014	Date of Injury:	08/04/2014
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

The patient is a 53-year-old female who has submitted a claim for adhesive capsulitis of the shoulder and internal derangement of the knee, associated with an industrial injury date of August 4, 2013. Medical records from 2014 were reviewed. The patient complained of shoulder and knee pain. Physical examination showed limping favoring the right; limitation of motion of the bilateral shoulders; and tenderness of the medial and lateral joint line of the left knee. MRI of the left knee revealed lateral subluxation of the patella. The formal report of the MRI was not provided. The diagnoses were adhesive capsulitis of the shoulder and internal derangement of the knee. Most of the progress reports were illegibly handwritten. Important information may have been inadvertently missed. Treatment to date has included Naproxen and physical therapy. Utilization review from August 18, 2014 denied the request for Voltaren (diclofenac sodium) 100mg # 30 and gel 120 gm with 4 refills. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. There is no evidence to support use for neuropathic pain. Also, the patient is noted to be taking oral NSAIDs with no rationale for the need for topical NSAIDs. The request for topical cream containing: Fluribiprofen 20%, Baclofen 2%, Cyclobenzaprine 1%, Gabapentin 6%, Ketamine 15%, 120 gm with 1 refill was also denied because it contains compounds that are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren (Diclofenac Sodium) 100 mg # 30 and gel 120 gm with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs, Topical Analgesics, Voltaren Gel 1% (diclofenac)).

Decision rationale: Page 67-68 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended in patients with knee or hip osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Additionally, Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, patient has internal derangement of the knee and may benefit from oral diclofenac. However, most recent progress reports do not clearly reflect the severity of knee pain. There was also no evidence of failure of acetaminophen to relieve pain. Furthermore, the request includes Voltaren gel but did not specify a body part for treatment. The guideline does not support the use of this topical medication for shoulder pain, as the patient is likewise diagnosed with adhesive capsulitis. The medical necessity cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Voltaren (Diclofenac Sodium) 100 mg # 30 and gel 120 gm with 4 refills is not medically necessary.

Topical cream containing: Fluribiprofen 20%, Baclofen 2%, Cyclobenzaprine 1%, Gabapentin 6%, Kelamine 15%, 120 gm with 1 refill: 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): 111-113.

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS recommends topical NSAID formulation for diclofenac only. With regards to baclofen, the guideline does not recommend its use. There is no peer-reviewed literature to support the use of topical baclofen. There is also no evidence to support the use of topical cyclobenzaprine, and its addition to other agents is not recommended. As for gabapentin, CA MTUS does not support its use in a topical formulation. Lastly, topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. Both have shown encouraging results. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no evidence of neuropathic pain or failure of first-line agents to manage pain. There was no clear indication for the request. Moreover, all the components of the requested compounded medication are not recommended. The guideline does not support the use of a compounded product that contains at least one drug

that is not recommended. The medical necessity has not been established. Therefore, the request for Topical cream containing: Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 1%, Gabapentin 6%, Ketamine 15%, 120 gm with 1 refill is not medically necessary.