

Case Number:	CM14-0168093		
Date Assigned:	10/15/2014	Date of Injury:	06/01/2002
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 Practice and is licensed to practice in Ohio. 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 56-year-old male with the date of injury of June 1, 2002. He complains of severe low back pain radiating to both lower extremities with associated numbness and tingling. He also complains of knee pain bilaterally. The physical exam reveals tenderness to palpation from the mid to lower lumbar regions, a positive seated nerve root test, and dysesthesia of the L5 and S1 nerve roots. The knees revealed tenderness to palpation of the joint lines, more so on the right than the left, and a positive McMurray's sign and patellar compression test. There is pain with terminal flexion. The diagnoses are lumbar discopathy and internal derangement of both knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lido/ Cap/Tram 15%/1%/0.025% #60 with 1 RF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The referenced guidelines state that for compounded topical analgesics, a compound that contains one component that is not recommended essentially is not recommended

in its entirety. The requested compound contains Ketoprofen which is an anti-inflammatory, Lidocaine which is an anesthetic, Tramadol which is an opioid and Capsaicin which is derived from chili peppers. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). 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. Topical anti-inflammatories such as Ketoprofen are generally recommended for osteoarthritis or tendinitis over joints that are easy to penetrate such as knees and elbows. Their usage is generally recommended to be brief. Capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of Capsaicin-sensitive nociceptive nerve endings. However, its use is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this instance, the topical Lidocaine is not formulated as a patch and therefore is not recommended. Additionally there's been no evidence of failure of first-line therapy such as an antiepileptic drug or an antidepressant. Additionally, Capsaicin may be effective but there is no evidence to suggest that the injured worker has been intolerant to other treatments. Therefore, Keto/Lido/ Cap/Tram 15%/1%/0.025% #60 with 1 refill is not medically necessary.

Flur/Cyclo/Caps/Lid 10% 2% 0.025% 1% #120 with 1 RF: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The referenced guidelines state that for compounded topical analgesics, a compound that contains one component that is not recommended essentially is not recommended in its entirety. The requested compound contains Flurbiprofen which is an anti-inflammatory, Lidocaine which is an anesthetic, Tramadol which is an opioid and Capsaicin which is derived from chili peppers. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). 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. Topical anti-inflammatories such as Ketoprofen are generally recommended for osteoarthritis or tendinitis over joints that are easy to penetrate such as knees and elbows. Their usage is generally recommended to be brief. Capsaicin is superior to placebo in relieving chronic neuropathic and musculoskeletal pain. Capsaicin produces highly selective regional anesthesia by causing degeneration of Capsaicin-sensitive nociceptive nerve endings. However, its use is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this instance, the topical Lidocaine is not formulated as a patch and therefore is not recommended. Additionally there's been no evidence of failure of first-line therapy such as

an antiepileptic drug or an antidepressant. Additionally, Capsaicin may be effective but there is no evidence to suggest that the injured worker has been intolerant to other treatments. Therefore, the compound Flur/ Cyclo/Caps/Lid 10% 2% 0.025% 1% #120 with 1 refill is not medically necessary under the referenced guidelines.