

Case Number:	CM14-0168280		
Date Assigned:	10/15/2014	Date of Injury:	10/14/2011
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
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 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 67 years old female patient who sustained an injury on 10/14/2011. She sustained the injury when she stood up from work station and bumped into cart behind her causing her to fall to the floor. The current diagnoses includes status post right hip replacement, status post right knee arthroscopy with partial medial and lateral meniscectomy, thoracic spine compression fracture and sleep deprivation. Per the doctor's note dated 8/19/14, patient had complaints of lower back and coccyx pain, right leg numbness and swelling, right hip pain, left knee pain and sleep deprivation. The physical examination revealed thoracolumbar spine- paravertebral muscle spasm, decreased lumbar range of motion, positive straight leg raise and Kemp's test, decreased sensation in anterior right leg, decreased right hip range of motion, knee range of motion- right/left flexion 140/135 and extension 180/180 degrees; 4/5 strength in right hip and left knee, tenderness over the left knee and positive varus and valgus knee stress test on the left side. The medications list includes naproxen, atenolol and topical compound medications. She has had thoracic spine and lumbar spine MRI dated 7/19/12 which revealed multilevel partial collapse of vertebrae with disc protrusions; MRI of the left knee dated 7/19/2012 which revealed fraying in the posterior horn of medial meniscus at superior articular surface and grade II degeneration of the posterior horn of the lateral meniscus, parameniscal cyst along the body of the lateral meniscus, degenerative arthritis in form of osteophytes reduced joint space and subchondral sclerosis, subchondral cyst in the patella and patellofemoral joint, bone contusions in the tibial condyles and patella and small joint effusion in patella also and Wiberg type III patella; right knee MRI dated 9/28/2012 which revealed tear of the anterior and posterior horn of the lateral meniscus, 3x1 cm baker's cyst and partial tear or strain of the medial collateral ligament. She has undergone right hip replacement on 10/15/2011 and right knee arthroscopy with partial medial

and lateral meniscectomy on 5/14/14. She has had physical therapy visits, chiropractic visits, acupuncture visits, right knee injection and lumbar epidural injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound medications: flurbiprofen / cyclobenzaprine / Alba derm cream, 180gm:
Upheld

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

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

Decision rationale: Flurbiprofen is an NSAID and Cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants..). (Argoff, 2006) 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...Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use ...Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. .." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Topical compound medications: flurbiprofen / cyclobenzaprine / Alba derm cream, 180gm is not established for this patient.

Topical compound medication: tramadol / gabapentin / menthol / camphor / capsaicin / Alba derm cream, 180gm: Upheld

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

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

Decision rationale: Tramadol is a synthetic opioid and gabapentin is an antiepileptic drug. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) 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...Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use ...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Gabapentin: Not recommended. There is no peer-reviewed literature to support use...." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and tramadol are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of topical compound medication - tramadol / gabapentin / menthol / camphor / capsaicin / Alba derm cream 180gm, is not established for this patient.