

Case Number:	CM14-0185728		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2009
Decision Date:	12/19/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/07/2014

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 46-year-old female who has submitted a claim for lumbar disc displacement and right knee internal derangement associated with an industrial injury date of 3/1/2009. Medical records from 2014 were reviewed. The patient complained of low back pain associated with muscle spasm and described as burning. The pain was rated 7 to 8/10 in severity. The pain radiated to the left lower extremity aggravated by prolonged sitting, standing, bending, and walking. The patient likewise complained of right knee pain described as intermittent and rated 6/10 in severity. Physical examination of the lumbar spine showed tenderness, limited motion, positive straight leg raise test, and positive Braggard's test bilaterally. Examination of the right knee showed tenderness, limited motion, and positive McMurray's test. Motor strength was rated 4/5. Treatment to date has included physical therapy and medications. The utilization review from 10/23/2014 denied the requests for Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240gm; Cyclobenzaprine 2%, Flurbiprofen 25% 240gm; And Capsaicin 0.025%, Menthol 2%, Camphor 2% & Tramadol 15% 240gm because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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 California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains gabapentin, lidocaine, and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240gm is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,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 California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains cyclobenzaprine and flurbiprofen, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 25% 240gm is not medically necessary.

Capsaicin 0.025%, Menthol 2%, Camphor 2%& Tramadol 15% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized

controlled trials to determine safety or efficacy. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of Capsaicin would provide any further efficacy. The topical formulation of tramadol does not show consistent efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or Capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains tramadol, which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Capsaicin 0.025%, Menthol 2%, Camphor 2% & Tramadol 15% 240gm is not medically necessary.