

Case Number:	CM14-0201756		
Date Assigned:	12/12/2014	Date of Injury:	07/20/2012
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 71 year old female, who sustained continual injury from December 1, 1999 to July 20, 2012. The patient has not worked since 8/10/12. On August 9, 2012, the patient underwent an EMG/NCV study and a MRI of the bilateral knees. The patient was diagnosed with bilateral upper extremity overuse tendinitis with carpal tunnel syndrome, bilateral knee tendinopathy with chondromalacia, stress, anxiety with internal complaints. According to the progress note dated October 24, 2014, the patient presents with wrist complaints. She wears bilateral wrist braces with pain rated as 5/10; 0 being no pain 10 being the worse pain. There was associated numbness and tingling to the median and ulnar nerve distribution bilaterally. She continues with home exercises, which has been beneficial. She also complains of 3/10 pain to the right knee and 2/10 to the left knee. The patient is currently using creams, naproxen and paroxetine, which she states was helping. The examination revealed normal gait with abnormal patellar tracking bilaterally and positive patellar grind. Diffuse forearm tenderness was noted. On November 11, 2014 the UR denied authorization for Flurbiprofen/Baclofen/Gabapentin/Lidocaine (12/2/6/4%) and Ketoprofen/Gabapentin/Diclofenac/Lidocaine (15/8/5/5%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubirofen/Baclofen/Gabapentin/Lidocaine (12/2/6/4%): 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 creams Page(s): 111.

Decision rationale: This patient presents with bilateral wrist and knee pain. The current request is for Flurbiprofen/Baclofen/Gabapentin/Lidocaine (12/2/6/4%). The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient may meet the indications for a topical NSAID; however, Gabapentin is not approved for any topical formulation and MTUS states that Lidocaine is approved in a patch form only. The requested compounded cream is not medically necessary.

Ketoprofen/Gabapentin/Diclofenac/Lidocine (15/8/5/5%): 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 creams Page(s): 111.

Decision rationale: This patient presents with bilateral wrist and knee pain. The current request is for Ketoprofen/Gabapentin/Diclofenac/Lidocaine (15/8/5/5%). The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Furthermore, Gabapentin is not recommendation in any topical formulation and lidocaine is approved in a patch form only; therefore, the entire compound topical cream is rendered invalid. This topical compound medication is not medically necessary.