

Case Number:	CM14-0214570		
Date Assigned:	01/07/2015	Date of Injury:	11/09/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male with an injury date of 11/09/13. On 10/03/14, the patient underwent a left knee arthroscopy. Based on the 10/09/14 progress report, the patient complains of moderate left knee pain and there is 1+ effusion of the knee. The 10/29/14 report states that the patient has slight swelling of the left knee. The 12/03/14 report indicates that the patient has weakness in his knees and has some tingling/pain in the medial aspect of the knee by the old scar. There is slight tenderness in the posterior medial joint line and a positive Tinels over the medial scar. The patients diagnoses include the following: Four weeks status post left knee arthroscopy, revision partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication Anti-inflammatory FBCLG (lidocaine, baclofen, cyclobenzaprine, gabapentin) Cream, 120 grams to the left knee twice a day, prn pain, with 1 refill: 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: The patient has moderate left knee pain/weakness, a 1+ effusion of the knee, slight swelling of the left knee, some tingling/pain in the medial aspect of the knee by the old scar, slight tenderness in the posterior medial joint line, and a positive Tinels over the medial scar. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen. Per MTUS, gabapentin is not recommended in any topical formulation. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. Neither Lidocaine (non-patch form), Baclofen, Cyclobenzaprine, nor Gabapentin are indicated for use as a topical formulation. Therefore, the compound medication is not medically necessary.