

Case Number:	CM14-0090118		
Date Assigned:	07/23/2014	Date of Injury:	08/04/1989
Decision Date:	06/10/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 57 year old male, who sustained an industrial injury on 08/04/1989. According to a progress report dated 05/08/2014, the injured worker presented with left knee pain. Pain level was rated 7 on a scale of 1-10. Other symptoms included swelling, weakness, stiffness, instability, buckling and giving way. Symptoms were gradually improving. Sleep problems included difficulty falling asleep and awakening during the night. Lately his knee had been more painful and swollen with no clear reason as to why. A corticosteroid injection worked well for a couple of weeks but the pain returned to previous levels. Diagnoses included pain in joint lower leg, osteoarthritis primary knee joint. A prescription was given for a compounded transdermal preparation. Currently under review is the request for a topical compound: Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Pentoxifylline 3%, Ibuprofen 3% 120 grams with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound: Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Pentoxifylline 3%, Ibuprofen 3%, 120gm with 1 refill: 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 Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the anti-seizure (gabapentin), non-steroidal anti-inflammatory drug (NSAID; ibuprofen and diclofenac), muscle relaxant (baclofen), local anesthetic (bupivacaine), and blood thinning (pentoxifylline) classes. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The MTUS Guidelines are silent on the use of topical bupivacaine and pentoxifylline. However, other drugs within this compound are not recommended by the Guidelines, and the literature does not support their use in this setting. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120g of a topical compound containing diclofenac 3%, ibuprofen 3%, baclofen 2%, bupivacaine 1%, gabapentin 6%, and pentoxifylline 3% with one refill is not medically necessary.