MAXIMUS Federal Services

Case Number:	CM15-0011817		
Date Assigned:	01/29/2015	Date of Injury:	01/15/1998
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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, Arizona
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 injured worker is a 68-year-old female who reported injury on 01/15/1998. The mechanism of injury was a slip and fall. There was a Request for Authorization submitted for the date of 12/05/2014. The documentation of 12/05/2014 revealed the injured worker had a significant amount of aching in the right knee with numbness. The injured worker was wearing a knee brace. The injured worker was noted to feel some instability. The injured worker was utilizing Butrans patches and Lidoderm patches. Other medications included omeprazole, hydrocodone, Promolaxin, and AppTrim. The injured worker was not attending therapy and not working. The physical examination revealed the injured worker had a well healed knee scar. There was normal cruciate and collateral ligament testing with minimal clicking on contact of the prosthesis. There was bilateral joint line tenderness and diffuse tenderness along the medial and lateral aspect of the tibia. The popliteal and hamstring area was slightly tender without significant swelling. There was full extension. There was mild weakness of the quadriceps and hamstring muscle group. The diagnosis included right knee pain status post arthroplasty and left knee pain compensatory as well as a status post revision total knee arthroplasty and morbid obesity. The treatment plan included naproxen 550 mg, and omeprazole 20 mg #60. Additionally, the request was made for Lidoderm patches 3 patches every 12 hours, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of proton pump inhibitors. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, the efficacy was not provided. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above the request for omeprazole 20 mg #60 with 2 refills is not medically necessary.

Lidoderm Patches with 3 Boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, the efficacy was not provided. There was a lack of documentation indicating the injured worker had a trial and failure of first line therapy. Additionally, this medication is being concurrently reviewed with 2 topical creams, and there was a lack of documentation indicating a necessity for 2 forms of the medication. There was a lack of documentation supporting the necessity for 3 boxes of Lidoderm patches. The request as submitted failed to indicate the body part to be treated with the Lidoderm patches and the frequency. Given the above, the request for Lidoderm patches with 3 boxes is not medically necessary.

Ketoprofen 15%/Gaba 8%/Dicio 5%/Lido Cream 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 Analgesics; Topical NSAIDS; Ketoprofen, Lidocaine; Gabapentin Page(s): 111; 112; 112; 11.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. 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. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for multiple NSAID therapy in 2 different topical creams. The request as submitted failed to indicate the body part to be treated, the frequency, and the quantity of the medication being requested. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating a necessity for both a topical cream and a Lidoderm patch. Given the above, the request for Ketoprofen 15%/Gaba 8%/Dicio 5%/Lido Cream 5% is not medically necessary.

Flurbi/Gaba/Diclo/Lido Cream 15/8/5/5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen; Lidocaine; Gabapentin Page(s): 111; 72; 112; 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product regarding Topical Flurbiprofen FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute

of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. 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. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. 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. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There is a lack of documentation indicating a necessity for multiple NSAIDs. There was a lack of documentation indicating a necessity for 2 topical creams including gabapentin. Gabapentin is not recommended. There was a lack of documentation indicating a necessity for both a topical and cream form of lidocaine. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency, body part, and quantity of medication being requested. Given the above, the request for Flurbi/Gaba/Diclo/Lido Cream 15/8/5/5% is not medically necessary.