MAXIMUS Federal Services

Case Number:	CM15-0019169		
Date Assigned:	02/09/2015	Date of Injury:	03/27/2007
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 70-year-old male who sustained an industrial injury to his right knee on March 27, 2007. The injured worker underwent arthroscopy with partial medial meniscectomy of the right knee and arthrocentesis of the left knee on July 29, 2014. The injured worker has a history of left total knee replacement (no date documented). According to the primary treating physician's progress report on January 6, 2015, the injured worker was diagnosed with right knee sprain after a recent fall. Superficial abrasions were noted on the anterior aspect of the right knee. X-Ray was negative for fracture. The injured worker continues to experience right knee pain with 1+ effusion with soft tissue swelling in the posterolateral collateral ligament. Current medications were not listed. The injured worker had physical therapy post the surgical intervention for the right knee. No other treatment modalities were noted.The treating physician requested authorization for Compound cream (120grams) of diclofenac 5%, gabapentin 6%, cyclobenzaprine 2%, clonidine 2%, nifedipine 3%, menthol 1% and bupivacaine 2%, apply 1-2 grams to affected area 3-4 times per day. On January 20, 2015 the Utilization Review denied certification for Compound cream (120grams) of diclofenac 5%, gabapentin 6%, cyclobenzaprine 2%, clonidine 2%, nifedipine 3%, menthol 1% and bupivacaine 2%, apply 1-2 grams to affected area 3-4 times per day. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines regarding Topical Analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream (120grams) of diclofenac 5%, gabapentin 6%, cyclobenzaprine 2%, clonidine 2%, nifedipine 3%, menthol 1% and bupivacaine 2%, apply 1-2 grams to affected area 3-4 times per day: 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound cream containing diclofenac 5%, gabapentin 6%, cyclobenzaprine 2%, clonidine 2%, nifedipine 3%, menthol 2%, and Bupivicain .2 g to affected area 3 to 4 times a day #120gms. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended. Gabapentin is not recommended. Diclofenac is the only available FDA approved topical nonsteroidal anti-inflammatory drug. Diclofenac is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, and the and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. In this case, the injured worker's working diagnoses are sprain lateral collateral ligament of knee; and sprain medial collateral ligament of knee.Cyclobenzaprine is not recommended. Gabapentin is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine and gabapentin) that is not recommended is not recommended. Additionally, diclofenac in topical form is indicated for relief of osteoarthritis pain. The injured worker does not have clinical symptoms of osteoarthritis or pain related to osteoarthritis. Consequently, compound cream containing diclofenac 5%, gabapentin 6%, cyclobenzaprine 2%, clonidine 2%, nifedipine 3%, menthol 2%, and Bupivicain is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, compound cream containing diclofenac 5%, gabapentin 6%, cyclobenzaprine 2%, clonidine 2%, nifedipine 3%, menthol 2%, and Bupivicain , 1- 2 grams to affected area 3-4 times a day #120 g is not medically necessary.