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| Case Number: | CM15-0111375 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 03/07/2012 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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

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 42 year old male, who sustained an industrial injury on March 7, 2012. Treatment to date has included shockwave therapy, acupuncture therapy, oral medications, topical medications, and MRI of the left knee. An evaluation on January 22, 2015 revealed the injured worker complained of sharp burning left knee pain with muscle spasms. He rated his pain a 7-8 on a 10-point scale and described the pain as constant and mild-to-moderate in intensity. His pain was aggravated with squatting, kneeling, navigation of stairs, prolonged weight bearing, standing and walking. On physical examination he had a 1+ effusion of the left knee. He had tenderness to palpation at the medial and lateral joint lines of the left knee and a limited range of motion. McMurray's and Lachman's tests were positive and motor strength was slightly decreased secondary to pain. The diagnoses associated with the request include degenerative and vascular disorders, headache/cephalgia, knee sprain/strain, and ankle injury. The treatment plan included cyclobenzaprine/flurbiprofen topical compound and capsaicin/flurbiprofen/gabapentin/menthol/camphor topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Compound cream: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% - 180gm is not medically necessary or appropriate.

Compound cream: Cyclobenzaprine 2%, Flurbiprofen 25% - 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Compound cream: Cyclobenzaprine 2%, Flurbiprofen 25% - 180gm is not medically necessary or appropriate.