

Case Number:	CM15-0112685		
Date Assigned:	06/19/2015	Date of Injury:	12/13/2013
Decision Date:	07/20/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 20 year old male who sustained an industrial injury on 12/13/13. Initial complaints and diagnoses are not available. Treatments to date include knee surgery and medication. Diagnostic studies are not addressed. Current complaints include left knee pain. Current diagnoses include left knee residual pain, and left knee internal derangement. In a progress note dated 03/19/15 the treating provider reports the plan of care as medications including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and capsaicin/flurbiprofen/menthol/cyclobenzaprine/gabapentin. The requested treatments include capsaicin/flurbiprofen/menthol/cyclobenzaprine/gabapentin

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, apply a thin layer to affected area three times a day, quantity 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustain a work injury in December 2013 and continues to be treated for left knee pain. When seen, pain was rated at 10/10. Medications were providing temporary pain relief. There was joint line and patellofemoral tenderness. Knee range of motion was decreased. There was decreased left lower extremity strength and sensation. Guidelines address the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.