

Case Number:	CM15-0115173		
Date Assigned:	06/23/2015	Date of Injury:	05/07/2013
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female patient, who sustained an industrial injury on 05/07/2013. The diagnoses have included right knee medial and lateral meniscus tears with partial anterior cruciate ligament tear; right knee chondromalacia; and lumbar spine multilevel herniated nucleus pulposus at levels of L2-L3, L4-L5, L5-S1 as well as L1-L2 with stenosis. Per the progress note from the treating physician, dated 05/14/2015, she had complains of constant moderate achy right knee pain; and therapies and medications are helping to decrease pain and increase activities of daily living. The physical examination revealed right knee flexion 130/110 and extension 0/0 degrees; tenderness to palpation of the right anterior knee, lateral knee, medial knee, and posterior knee; muscle spasm of the anterior knee and posterior knee; and McMurray's sign positive. Medications have included Norco, Motrin, Flexeril, and topical compounded creams. Treatment to date has included medications, diagnostics, injections, physical therapy, acupuncture, and extracorporeal shockwave therapy. The treatment plan has included the request for Compound: Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone 0.2%/Capsaicin 0.025%/Hyaluronic 240 grams; Compound: Amitriptyline HCl 10%/Gabapentin 10%/Bupivacaine HCl 5%/Hyaluronic Acid 0.2%- cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound - Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone 0.2%/Capsaicin 0.025%/Hyaluronic -240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Compound: Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone 0.2%/Capsaicin 0.025%/ Hyaluronic 240 grams. Flurbiprofen is an NSAID and baclofen is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. "Baclofen: Not recommended". There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and baclofen are not recommended by the cited guidelines for topical use as cited, because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Compound: Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone 0.2%/Capsaicin 0.025%/ Hyaluronic 240 grams are not medically necessary for this patient.

Compound - Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% - cream base 240 grams: 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, pages 111-113.

Decision rationale: Compound: Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% - cream base. This is a request for topical compound medication. Gabapentin is an anticonvulsant and amitriptyline is an antidepressant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy

or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of oral antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and Gabapentin are not recommended by the cited guidelines for topical use because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Compound: Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% - cream base is not medically necessary for this patient.