

Case Number:	CM15-0119413		
Date Assigned:	06/29/2015	Date of Injury:	10/30/2013
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/20/2015

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: Arizona, 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 with an October 30, 2013 date of injury. A progress note dated May 8, 2015 documents subjective complaints (pain in the knee; decreased range of motion), objective findings (antalgic gait favoring the left side; using a cane; significant difficulty getting onto the examination table; left knee clearly swollen; appreciable fusion; limited range of motion of the left knee; significant medial compartment discomfort and along the medial patellar area of discomfort; atrophy of the vastus medialis and the medius muscles of the left side compared to the right; weakness in extension and flexion of the knee secondary to discomfort and pain; swelling or infection of the lateral portion of the knee along the patellar area as well as the joint line; discomfort in the medial portion on valgus strain with flexion and extension; minimal discomfort on the lateral side with varus strain with flexion and extension), and current diagnoses (chondromalacia and effusion; left peroneal nerve palsy, likely traumatic). Treatments to date have included left knee surgical intervention with synovectomy and lateral partial meniscectomy, physical therapy, and medications. The medical record indicates that transdermal creams seem to be working better than the oral medications for moderate pain. The treating physician documented a plan of care that included Flurbiprofen 30 Gm, Lidocaine 7.5 Gm, Verapro Base 112.5 Gm cream and Gabapentin compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 150 Gm - Flurbiprofen 30 Gm, Lidocaine 7.5 Gm, Verapro Base 112.5 Gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidocaine is also used off-label for diabetic neuropathy. 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. In this case, the claimant did not have the above diagnoses. The claimant was prescribed topical Flurbiprofen and Lidocaine which contain topical NSAIDs. It was provided in combination with other topical analgesics which is not recommended. The claimant had been on topical Lidocaine in the past. The request for Flurbiprofen 20% 150 Gm - Flurbiprofen 30 Gm, Lidocaine 7.5 Gm, Verapro Base as above is not medically necessary.

Gabapentin 10% 150gm -- Gabapentin Powder 15gm, Amitriptyline 7.5 Gm, Capsaicin 0.0375 Gm, Ver: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or 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. Topical Gabapentin is not recommended due to lack of evidence. In addition, there is insufficient evidence for the use of Capsaicin over .025 pct. The claimant was also given topical Gabapentin/Capsaicin in combination with other topical medications. There is no indication for multiple topical medications. Since the compound above contains these topical medications, the request is not medically necessary.