

Case Number:	CM15-0120298		
Date Assigned:	06/30/2015	Date of Injury:	09/12/2003
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

The injured worker is a 77 year old female, who sustained an industrial injury on September 12, 2003. The injured worker was diagnosed as having knee pain/joint pain leg. Treatment to date has included right total knee replacement with revision, physical therapy and medication. A progress note dated April 27, 2015 provides the injured worker complains of bilateral knee pain with pain rated 8/10. She reports uncertainty about a left total knee replacement due to poor results of her prior right total knee replacement. Physical exam notes lumbar and facet joint tenderness on palpation. The knees are tender bilaterally with positive McMurray's test and painful decreased range of motion (ROM). There is a request for topical pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Capsaicin 0.0275% cream apply to affected areas for pain Topical BID 120gm: 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 Page(s): 111-112.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Regarding the use of topical Flurbiprofen (an NSAID), the MTUS guidelines state the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Regarding the use of topical Capsaicin, the MTUS guidelines state the following: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case the medical records indicate that this compounded topical analgesic is intended for the long-term treatment of this patient's chronic pain; exceeding the above cited short-term use. Further, there is no evidence that the component capsaicin is indicated; specifically, that the patient has been documented to be intolerant to other treatments. For these reasons, the compounded topical analgesic containing Flurbiprofen and Capsaicin, is not considered as medically necessary.