

Case Number:	CM15-0124194		
Date Assigned:	07/08/2015	Date of Injury:	04/08/2014
Decision Date:	08/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 52-year-old male who sustained an industrial injury on 04/08/2014. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having right wrist internal derangement; and right metacarpophalangeal joint; right knee internal derangement; right knee sprain/strain; left knee internal derangement; left knee sprain/strain; anxiety; and acute stress disorder. Treatment to date has included chiropractic care, ESWT (extracorporeal shockwave therapy), acupuncture and physiotherapy. Currently, the injured worker complains of moderate intermittent pain in the right wrist described as sharp, and stabbing rated a 5/10 with weakness. He has intermittent moderate pain in the right hand that is intermittent, moderate to 7/10 and described as painful and stiff, and associated with movement, prolonged grabbing/grasping, prolonged gripping, and prolonged squeezing. His pain in the right knee is described as intermittent, moderate to 7/10 also dull, achy with numbness and tingling and associated with prolonged standing and prolonged walking. His left knee has intermittent moderate dull achy pain rated a 5/10 with numbness and tingling associated with prolonged standing and prolonged walking. The worker suffers from anxiety and irritability. Objectively, there is no bruising, swelling, atrophy, or lesion present at the right wrist and there is no deficit in range of motion. The right hand has no bruising, atrophy, or lesion. There is mild swelling over the 2nd and 2rd metacarpal and it is tender to palpation on the 2nd, 3rd, and 5th metacarpal. There is no deficit in range of motion on any joints of the right hand. Carpal compression causes pain. The right knee has no bruising, swelling, atrophy, or lesion and there is no deficit in flexion or extension. There is tenderness to palpation of the both the lateral and medial right knee. The left knee has no bruising, swelling, atrophy, or lesion, and no deficit in flexion or extension. There is tenderness to palpation of the lateral knee and medial knee. There are psychological complaints. A MRI of the right hand shows a bone cyst in the 5th metacarpal head. A MRI of the right knee shows increased signal

in the posterior horn of the lateral meniscus which likely reflects internal degeneration. The treatment plan is for topical medication creams, diagnostic testing for the right wrist, continue acupuncture & chiropractic for the right wrist, left knee, right knee and right hand, and ESWT for the right wrist and left knee, and physiotherapy for the right wrist, left knee, right knee and right hand. There is no documentation of prior response to treatment with any of these modalities, and there is no documentation of response to treatment with the compounded topical medications. Requests for authorization were made for the following: 1. Compound 180gm, Capsaicin, Flurbiprofen, Gabapentin, Menthol, Camphor, and Compound 180gm, Gabapentin, Amitriptyline, and Dextromethorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound 180gm - Capsaicin, Flurbiprofen, Gabapentin, Menthol, Camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound #180g Capsaicin 0.025%, Flurbiprofen, gabapentin, menthol and camphor is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right wrist internal derangement; right metacarpophalangeal; right knee internal derangement; right knee sprain strain left knee internal derangement; left knee sprain strain; anxiety and acute stress disorder. The date of injury is April 8, 2014. The request for authorization is dated May 29, 2015. According to a May 12, 2015 progress note, the injured worker subjectively complains of right wrist, right hand, right and left knee pain. Objectively, there is tenderness to palpation. The documentation in the medical record does not contain a list of oral medications or contraindications to taking oral medications. There is no documentation of first-line treatment failure with antidepressants and or anticonvulsants. Gabapentin is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (gabapentin and Flurbiprofen) that is not recommended is not recommended. Consequently, compound #180g Capsaicin, Flurbiprofen, gabapentin, menthol and camphor is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, compound #180g Capsaicin 0.025%, Flurbiprofen, gabapentin, menthol and camphor is not medically necessary.

Compound 180gm - Gabapentin, Amitriptyline, Dextromethorphan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound #180 g gabapentin, amitriptyline and dextromethorphan is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right wrist internal derangement; right metacarpophalangeal; right knee internal derangement; right knee sprain strain left knee internal derangement; left knee sprain strain; anxiety and acute stress disorder. The date of injury is April 8, 2014. The request for authorization is dated May 29, 2015. According to a May 12, 2015 progress note, the injured worker subjectively complains of right wrist, right hand, and right and left knee pain. Objectively, there is tenderness to palpation. The documentation in the medical record does not contain a list of oral medications or contraindications to taking oral medications. There is no documentation of first-line treatment failure with antidepressants and or anticonvulsants. Gabapentin is not recommended. Any compounded product that contains at least one drug (gabapentin) that is not recommended is not recommended. Consequently, compound #180 g gabapentin, amitriptyline and dextromethorphan is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, compound #180g gabapentin, amitriptyline and dextromethorphan is not medically necessary.