

Case Number:	CM15-0175422		
Date Assigned:	09/16/2015	Date of Injury:	06/16/2010
Decision Date:	10/19/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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 is a 51 year old female, who sustained an industrial injury on June 16, 2010, incurring neck, upper back, lower back and right knee injuries. She was diagnosed with a right knee sprain, osteoarthritis of the right knee, and cervical and lumbar strain. Treatment included physical therapy and home exercise program, massage therapy, topical analgesic compound creams, anti-inflammatory drugs, muscle relaxants, transcutaneous electrical stimulation unit, orthopedic consultation and activity restrictions. The injured worker had a right total knee replacement performed in October 2010 and then underwent a surgical right knee manipulation under anesthesia in December 2010. Currently, the injured worker complained of right knee stiffness and pain rated 8 on a pain scale from 1 to 10. Her persistent neck pain was rated 8 out of 10 but improved since last visit and the injured worker's back pain was rated 8 out of 10, decreased from 9 out of 10 from the last medical visit. She noted increased muscle spasms of the back and restricted limited range of motion interfering with any activities of daily living. She was listed as temporarily totally disabled. The treatment plan that was requested for authorization on September 4, 2015, included for a prescription for Flurbiprofen-Lidocaine and Amitriptyline compound cream and a prescription for Gabacyclotram compound cream. On August 7, 2015, a request for prescriptions for two compound creams were non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (NAP) cream-la (Flurbiprofen 20%, Lidocaine 5% and Amitriptyline 5%, 180gm):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. 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, Flurbi (NAP) cream-LA (Flurbiprofen 20%, lidocaine 5% and amitriptyline 5%) #180 g 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 knee sprain strain; status post right total knee replacement October 2010 and manipulation under anesthesia December 2010. According to a July 16, 2015 progress note, subjective complaints of neck pain, back pain and right knee pain. Objectively, there is tenderness to palpation at the right knee. The documentation indicates physical therapy decreases pain and tenderness. Flurbiprofen is not FDA approved for topical use. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and lidocaine) that is not recommended is not recommended. Consequently, Flurbi (NAP)-LA (Flurbiprofen 20%, lidocaine 5% and amitriptyline 5%) #180 g is not recommended. Directions include applied to affected area. The specific anatomical region is not listed in the medical record. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Flurbi (NAP) cream-LA (Flurbiprofen 20%, lidocaine 5% and amitriptyline 5%) #180 g is not medically necessary.

Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6% and Tramadol 10%, 180gm):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. 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, Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%) #180 g 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 knee sprain strain; status post right total knee replacement October 2010 and manipulation under anesthesia December 2010. According to a July 16, 2015 progress note, subjective complaints of neck pain, back pain and right knee pain. Objectively, there is tenderness to palpation at the right knee. The documentation indicates physical therapy decreases pain and tenderness. Gabapentin topical is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, gabacyclotram (gabapentin 10%, cyclobenzaprine 6%, and tramadol 10%) #180 g is not recommended. Directions include applied to affected area. The specific anatomical region is not listed in the medical record. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%) #180 g is not medically necessary.