MAXIMUS Federal Services

Case Number:	CM15-0175818		
Date Assigned:	09/17/2015	Date of Injury:	05/20/2014
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 5-20-14. Diagnoses are noted as right hip osteoarthritis with loose bodies, left hip osteoarthritis, and slightly antalgic gait pattern secondary to the bilateral hip osteoarthitis. Previous treatment noted is topical creams, rest, activity modification, and heat. In a progress report dated 7-27-15, the physician notes persistent pain in bilateral hips. Pain is rated at 4-6 out of 10 on the left and 7-8 out of 10 on the right hip. Pain is constant and radiates down the right leg. Pain is made better with rest and worse with weather changes and activities. He does not take any pain medication. Exam of the right hip reveals a slight decreased range of motion, tenderness at the greater trochanter, a positive Patrick's sign and slight decreased strength of 4 out of 5 with flexion, extension and abduction. Work status is to continue working unrestricted until 8-10-15 and then he will become temporarily totally disabled on 8-10-15 because he is having surgery. The treatment plan is to schedule surgery to the right hip on 8-12-15, a 3 month extension on the (TENS unit) transcutaneous electrical nerve stimulation, and Flurbiprofen-Cyclobenzaprine-Menthol Cream (20%-10%-4%) 180 grams, as it is noted that the injured worker does not like to take any oral medications. A request for authorization is dated 8-7-15. The requested treatment of Flurbiprofen 20%-Cyclobenzaprine 10%-Menthol Cream 4%, 180 grams was non-certified on 8-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb 20%, Cyclo 10%, Menthol cream 4% 180 gm: 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 rationale: Based on the 7/27/15 progress report provided by the treating physician, this patient presents with persistent pain in bilateral hips which is constant and radiates down the right leg, rated 4-6/10 on the left and 7-8/10 on the right. The treater has asked for Flurb 20%, Cyclo 10%, Menthol cream 4% 180 gm on 7/27/15 "as the patient does not like to take any oral medications." The patient's diagnoses per request for authorization dated 8/7/15 are right hip osteoarthritis with loose bodies, left hip osteoarthritis, and slightly antalgic gait pattern secondary to the bilateral hip osteoarthritis. The patient is not taking any medication per 7/27/15 report. The patient states that pain is improved with rest, worsened with weather changes and activity per 4/16/15 report. The patient is s/p TENS unit which patient is to use postoperatively after upcoming right hip arthroplasty scheduled in August 2015 per 7/27/15 report. The patient's work status is currently working per 7/27/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. MTUS, Topical Analgesics, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The treater is requesting this topical cream as the patient does not take any oral medications, and has arthritis in the bilateral hips. However, MTUS indicates that topical NSAIDs are indicated for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) but has not been evaluated for treatment of the spine, hip or shoulder. In addition, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine which is not indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.