

Case Number:	CM15-0178497		
Date Assigned:	09/18/2015	Date of Injury:	07/22/2014
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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:

This 58 year old male sustained an industrial injury on 7-22-14. Documentation indicated that the injured worker was receiving treatment for internal derangement of bilateral hips and knees and lumbar discopathy. Previous treatment included physical therapy and medications. In the most recent documentation submitted for review, a PR-2 dated 7-14-15, the injured worker complained of bilateral knee pain and bilateral hip pain with radiation to bilateral lower extremities, associated with numbness, rated 5 to 8 on the visual analog scale. Physical exam was remarkable for bilateral hips with tenderness to palpation in the anterior groin and anterolateral region, positive Faber sign and pain with internal and external rotation without evidence of instability and bilateral knees with tenderness to palpation in the anterior joint line space, positive patellar grind test and crepitus with painful range of motion without evidence of instability. The treatment plan included continuing medications (Relafen, Prevacid, Zofran, Cyclobenzaprine, Tramadol and Lunesta). On July 15, 2015, a request for authorization was submitted for topical compound creams: (Flurbiprofen-Capsaicin cream (plain) 10%-0.025% and Lidocaine-Gabapentin gel 5%-10%). On 8-24-15, Utilization Review noncertified a request for Flurbiprofen-Capsaicin cream (plain) 10%-0.025% and Lidocaine-Gabapentin gel 5%-10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin cream (plain) 10%/0.025% qty: 120: 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: The requested Flurbiprofen/Capsaicin cream (plain) 10%/0.025% qty: 120, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has bilateral knee pain and bilateral hip pain with radiation to bilateral lower extremities, associated with numbness, rated 5 to 8 on the visual analog scale. Physical exam was remarkable for bilateral hips with tenderness to palpation in the anterior groin and anterolateral region, positive Faber sign and pain with internal and external rotation without evidence of instability and bilateral knees with tenderness to palpation in the anterior joint line space, positive patellar grind test and crepitus with painful range of motion without evidence of instability. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen/Capsaicin cream (plain) 10%/0.025% qty: 120 is not medically necessary.

Lidocain/Gabapentin gel 5%/10% qty: 60gm: 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: The requested Lidocain/Gabapentin gel 5%/10% qty: 60gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has bilateral knee pain and bilateral hip pain with radiation to bilateral lower extremities, associated with numbness, rated 5 to 8 on the visual analog scale. Physical exam was remarkable for bilateral hips with tenderness to palpation in the anterior groin and anterolateral region, positive Faber sign and pain with internal and external rotation without evidence of instability and bilateral knees with tenderness to palpation in the anterior joint line space, positive patellar grind test and crepitus with painful range of motion without evidence of instability. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken

on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidocain/Gabapentin gel 5%/10% qty: 60gm is not medically necessary.