

Case Number:	CM15-0072850		
Date Assigned:	04/23/2015	Date of Injury:	06/22/2009
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/16/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old female who sustained a work related injury June 22, 2009. Past history includes gastrointestinal bypass surgery. According to a primary treating physician's progress report, dated February 17, 2015, the injured worker is permanent and stationary and awaiting a qualified medical examination and evaluation regarding her back. Objective findings are not present for review. Diagnoses are documented as degenerative joint disease knee/osteoarthritis not otherwise specified left leg and lumbago. An orthopedic physician's notes, dated March 18, 2015, finds the injured worker presented for her back and knee problem. The physician documents the injured worker seems fairly good and placed on return to modified work, half days only. Treatment of symptoms included recommendation for pain management and possible acupuncture treatment since this is not a surgical lesion either in her knee that was previously operated on, or in her back, which shows degenerative changes only without radiculitis, radiculopathy or neurogenic claudication. Treatment plan included request for authorization of Flurbiprofen/Amitriptyline/Gabapentin/Lidocaine/Prilocaine cream for the knee and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Amitriptyline 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% in Lam 480 gms, QTY: 1: 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, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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 and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. *Anesthesiology*. 2005;103:140-6) and find that "This randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Flurbiprofen 10%/Amitriptyline 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% in Lam 480 gms, QTY: 1 is not medically necessary.