

Case Number:	CM15-0099273		
Date Assigned:	06/01/2015	Date of Injury:	02/27/2014
Decision Date:	06/30/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 02/27/2014 secondary to a fall, landing on her left knee and left hip. She reported left knee sharp pain. She was diagnosed with left knee sprain/strain. On provider visit dated 05/21/2015 the injured worker has reported tolerating light daily activity being three months status post left knee arthroscopy. Per documentation the injured worker reported using topical creams which help with residual pain and swelling. On examination of the range of motion was noted to be 0-120 degrees, stable to varus valgus stress, anterior and posterior drawer, and Lachman. Mild effusion noted. The diagnoses have included status post left knee arthroscopy with patellar chondral defect, medial fibrotic shelf excision and small meniscus tear. Treatment to date has included physical therapy and topical cream. Left knee MRI on 04/10/2014 was noted as unremarkable. The provider requested Retrospective Flurbiprofen 20% 30 gram cream (includes lidocaine & verapro base cr) for DOS 4/16/15, Retrospective Gabapentin 10% 30 gram cream (includes Amitriptyline, Capsaicin & Verapro base cr) for DOS 4/16/15 and Retrospective Cyclobenzaprine 10% 30 gram cream (includes Lidocaine & Verapro base cr) for DOS 4/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% 30 gram cream (incl lidocaine & verapro base cr) for DOS 4/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for left knee pain. She underwent left knee arthroscopy in March 2015 and has had postoperative physical therapy. When seen, there was full range of motion and a normal gait. Physical therapy was continued and topical creams were prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication is not medically necessary.

Retrospective Gabapentin 10% 30 gram cream (incl Amitriptyline, Capsaicin & Verapro base cr) for DOS 4/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for left knee pain. She underwent left knee arthroscopy in March 2015 and has had postoperative physical therapy. When seen, there was full range of motion and a normal gait. Physical therapy was continued and topical creams were prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.

Retrospective Cyclobenzaprine 10% 30 gram cream (incl Lidocaine & Verapro base cr) for DOS 4/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for left knee pain. She underwent left knee arthroscopy in March 2015 and has had postoperative physical therapy. When seen, there was full range of motion and a normal gait. Physical therapy was continued and topical creams were prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication is not medically necessary.