MAXIMUS Federal Services

Case Number:	CM14-0148963		
Date Assigned:	09/18/2014	Date of Injury:	02/07/2014
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 71-year-old male who sustained an injury on 2/7/14. His chief complaints were left wrist, low back, and right knee pain described as aching and constant. Left wrist pain was radiating into the thumb and slightly above the wrist, aggravated by flexing and extending and partially relieved by bracing and medications. Low back pain was radiating into buttocks, right hip right leg and knee; aggravated by walking, standing, leaning, bending, squatting and sitting. Right knee pain was aggravated by standing, walking, using the stairs, and riding a bike and partially relieved by medications and rest. On examination, there was tenderness and range of motion was decreased. He was walking with a mild limp favoring the right leg with discomfort at L4-5 and L5-S1 right greater than left. X-rays of the left wrist and hand from 3/13/14 revealed osteopenia as well as moderate amount of degenerative changes throughout the carpal bones and interphalangeal joints. X-rays of the lumbar spine revealed severe multilevel degenerative disc disease with dextroscoliosis in the lumbosacral region. There was corresponding facet hypertrophy as well as neuroforaminal narrowing and spondylosis at multiple levels. Right hip x-rays revealed mild-to-moderate degenerative joint disease and right knee x-rays revealed moderate amount of- medial compartmental narrowing. She was previously taking Omeprazole, ibuprofen, cyclobenzaprine and Norco, and Tramadol-Acetaminophen but recently is only on ibuprofen. Diagnoses include lumbar spine discopathy, right knee degenerative joint disease, and right knee internal derangement, left wrist strain/sprain and left thumb basilar joint arthrosis. The request for Gabapentin 10%, Cyclobenzaprine 1%, lidocaine 5% apply 2-3 times daily 180gm and Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5% apply 2-3 times daily 180gm was denied on 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 1%, lidocaine 5% apply 2-3 times daily 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: According to the MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines, Gabapentin, and cyclobenzaprine are not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Gabapentin 10%, Cyclobenzaprine 1%, lidocaine 5% apply 2-3 times daily 180gm is not medically necessary according to the guidelines.

Cyclobenzaprine 1%, Tramadold 6.5%, Flurbiprofen 5% apply 2-3 times daily 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: According to the MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines, tramadol and cyclobenzaprine are not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5% apply 2-3 times daily 180gm is not medically necessary according to the guidelines.