

<b>Case Number:</b>	CM13-0024227		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	04/19/2012
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claimed for chronic knee and leg pain reportedly associated with an industrial injury. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; transfer of care to and from various providers in various specialties; a TENS unit; MRI imaging of the injured knee on November 15, 2012, notable for a small medial meniscal tear; and the impairment imposition of permanent work restrictions. In a utilization review report of August 28, 2013, the claims administrator denied a request for a topical compounded medication. The applicant subsequently appealed, on September 11, 2013. A later note of October 4, 2013 does not make any mention of the topical compound in question. An earlier handwritten note of May 31, 2013 is difficult to follow, not entirely legible, notable for ongoing complaints of knee pain, with treatment recommendations that include continued usage of a TENS unit and topical compounded ointments. Work restrictions were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin powder (menthol, camphor, Capsacin, ultraderm): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113 of 127.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, there is no evidence of intolerance to and/or failure of first-line oral analgesics so as to make a case for usage of topical agents and/or topical compounds. It is further noted that one of the ingredients in the topical compound, specifically gabapentin, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended for topical compound use purposes, resulting in the entire compound carrying an unfavorable recommendation. Therefore, the original utilization review decision is upheld. The request remains non-certified.

**Flurbiprofen (cyclobenzaprine, ultraderm):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants are not recommended for topical compound use purposes. In this case, one of the ingredients in the compound, cyclobenzaprine, is a muscle relaxant. The unfavorable recommendation on cyclobenzaprine results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

**Medrox:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics. Page(s): 28 of 27, 111 of 127.

**Decision rationale:** Medrox, per the National Library of Medicine, is an amalgam of methyl salicylate, menthol, and capsaicin. In this case, the capsaicin component of the compound, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, is recommended only as an option in those applicants who have not responded to and/or are intolerant to Final Determination Letter for IMR Case Number CM13-0024227 4 other treatments. In this case, as noted previously, there is no evidence of intolerance to and/or failure of first-line oral analgesics so as to make a case for usage of capsaicin. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified.