

<b>Case Number:</b>	CM13-0027412		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/18/2006
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Orthopedic Surgery, 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 patient is a 53-year-old female who was injured in a work related accident on 1/18/06. The clinical records provided for review include an 8/2/13 assessment indicating continued complaints of left knee pain status post left total knee replacement. The date of the surgical process was not documented. The claimant's working diagnosis on that date was lumbar discopathy, status post left total joint arthroplasty, right knee arthrodesis, gastrointestinal issues, obesity, and sleep disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Exoten-C lotion 113.4mg (methyl salicylate 20%, menthol 10%, capsaicin 0.002%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines indicate that topical compounds are largely experimental with a few randomized clinical trials demonstrating their efficacy or safety. These guidelines would not indicate the role of Capsaicin, which is a second line agent that

should only be indicated topically after preferred methods of first line treatment including tricyclic antidepressants or neural agents such as Gabapentin or Lyrica. Given this, the request for this compounded agent would be indicated.

**The request for Amitramadol-DM Ultracream 4/20/10% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Guidelines indicate that topical compounds are largely experimental in use with few randomized clinical trials demonstrating efficacy or safety. The role of this specific agent, for which guidelines criteria is not supported, would not be indicated.

**The request for Gabaketolido 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** This topical agent contains Gabapentin, Ketoprofen, and Lidocaine. Gabapentin specifically is "not recommended" by guidelines because there is no peer literature to support its use. Furthermore, Ketoprofen is a non-FDA approved agent in the topical setting. Therefore, based on guideline criteria, the role of this compounded cream would not be indicated.