

Case Number:	CM13-0046187		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2008
Decision Date:	06/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pain Management, 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 patient is an employee of [REDACTED] and has submitted a claim for bilateral knee meniscal tear associated with an industrial injury on January 25, 2008. Treatment to date has included oral and topical analgesics, physical and chiropractic therapy. Utilization review from October 29, 2013 has denied request for compounded drug Gabapentin/Cyclobenzaprine/Tramadol/PCCA/Lipo as this contain a drug class that is not recommended. Medical records from April to October 2013 were reviewed showing the patient complaining of bilateral knee pain. Other reports also showed that the patient complained of lumbar and bilateral shoulder and wrist pain. May 13, 2013 progress report stated that surgery was done on both knees but records did not specify the date and type of surgery performed. Bilateral knee replacement surgery was contemplated. Pain level was noted to improve from 6-8/10 on both knees to 5/10 on the right knee using 2-3 Norco tabs per day and topical analgesics based on progress reports from June 4 2014, to October 8, 2013. Pain level on the left knee was not specified on October 8, 2013 progress report, however patient stated that the left knee pain was greater than right knee and that oral and topical analgesics were able to control the right while there was only minimal improvement on the left knee. Objective findings showed slow, antalgic gait and limping with +3 tenderness on the anterior and medial aspects of the left knee and medial aspect of the right knee. McMurray's test resulted to pain on both knees. Ranges of motion for both knees was decreased due to pain and has been consistent (extension 0/0, flexion 99/140) based on progress reports from May 13 to July 24, 2013. The following oral and topical medications were prescribed on July 16, 2013: Tramadol ER 150mg BID PRN for pain, Flexeril 7.5mg BID for spasm, Protonix 20mg BID for GI prophylaxis, Flurbiprofen 180g, Gabacyclotram 180g, Terocin 240mL, Laxacin 50mg BID as stool softener. Patient was also

taking Norco 10/325mg q6h PRN for pain as far back as April 2013, however records did not show exact duration of intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED DRUG GABAPENTIN/CYCLOBENZAPRINE/ TRAMADOL/PCCA/LIPO (20 DAY SUPPLY): 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 Topical Analgesics, Page(s): 111-113.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Likewise, Cyclobenzaprine has no evidence for use as a topical product. Tramadol is indicated for moderate to severe pain. CA MTUS does not address PCCA Lipoderm specifically. PCCA Lipoderm is a transdermal base that is used to facilitate percutaneous absorption of topical pain medications. In this case, the indication for the prescription of this compound medication was not found in any documentation. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for compounded drug Gabapentin/Cyclobenzaprine/Tramadol/PCCA/Lipo (20 day supply) is not medically necessary.