

Case Number:	CM13-0053864		
Date Assigned:	12/30/2013	Date of Injury:	02/26/2002
Decision Date:	09/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of multiple injuries to the knees while working as a firefighter with a date of injury of 02/26/02. Treatments have included bracing, physical therapy, Synvisc injections, bilateral knee surgeries, and medications. MRI scans of the knees in 2002 are reported as showing a right medial meniscus tear with medial and lateral compartment degeneration and a left medial meniscus tear. He was seen on 03/26/13 with neck, left greater than right shoulder, low back, and bilateral knee pain. Treatments had included prolotherapy injections and knee injections. There were pending shoulder injections. Medications were Vicodin, Ativan, glucosamine, chondroitin, and Lidoderm. Physical examination findings included positive cervical compression testing with decreased and painful cervical spine range of motion. He had pain with shoulder range of motion and impingement testing was positive bilaterally. He was noted to ambulate with a limp. He had left-sided lumbar paraspinal muscle spasm and posterior superior iliac spine tenderness. He had decreased and painful lumbar spine range of motion. There was decreased knee range of motion with joint line tenderness. Imaging results were reviewed. Vicodin ES, Lidoderm, compounded cream, and Ativan were prescribed. He was referred for further orthopedic evaluation. On 05/20/13 he was having bilateral knee pain. He was having difficulty with activities of daily living and was unable to squat. Physical examination findings included decreased knee range of motion with crepitus and joint line tenderness. Imaging results showed bilateral degenerative changes. Prior treatments had included injections with temporary relief. He was using a cane and had a 1 block walking tolerance due to knee pain. He was having pain at night. A right total knee replacement was planned. On 05/28/13 he was seen by the requesting provider. He had a chief complaint of knee pain. Bilateral total knee replacement surgery had been recommended. Medications were refilled. On 07/25/13 he

had ongoing symptoms with pain, stiffness, locking, and swelling of both knees. There was a pending second orthopedic evaluation. Diagnoses medications were refilled. On 08/15/13 was seen for another orthopedic evaluation. He had right greater than left sided knee pain. He had progressively limited walking tolerance and was having night pain. His prior treatments were reviewed. Bilateral total knee replacement surgery was planned. On 10/24/13 he had ongoing symptoms. He had right knee joint line tenderness. There was pending right knee replacement surgery. Medications were Lidoderm, Vicodin ES #60, Ativan 1 mg #30, and compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6%/ Ibuprofen 10%/ Lidocaine 5%/ Ultraderm Base 120g with 3 Refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Medications for chronic pain Topical Analgesics Page(s): 18-19 60 111- 113.

Decision rationale: The claimant has a remote history of a work-related injury with progressive osteoarthritis of the knees and continues to be treated for chronic pain. Total knee replacement surgery is being planned. Medications also include Lidoderm and Vicodin. Topical anesthetics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an antiepileptic medication such as gabapentin or Lyrica. In this case, an adequate trial of gabapentin is not documented. MTUS addresses the use of gabapentin recommending dose titrations of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Since the claimant has not had an adequate trial of gabapentin, the requested compounded medication is not medically necessary because 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. Additionally, Lidoderm is also being prescribed and prescribing another medication containing lidocaine is duplicative. Therefore, the request is not medically necessary.