

<b>Case Number:</b>	CM13-0062151		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 patient is a 60 year old female who was injured on 11/01/2011 while climbing out of a large van. She twisted her left knee. Prior treatment history has included x-rays, brace for her left knee; and ibuprofen/Tylenol; TENS unit; ice packs and acupuncture therapy. Diagnostic studies reviewed include MRI of the left knee without contrast performed 11/07/2012 revealed tricompartmental degenerative change and chondromalacia with a diffuse, probable degenerative type tear of the lateral meniscus; and joint effusion with a suspected osseous loose body of the suprapatellar joint space; correlation with plain films is recommended. Drug comprehensive testing performed 05/23/2013 revealed negative detection for amphetamines; there were no medications listed. Drug comprehensive testing performed 08/16/2013. There was negative detection for amphetamines; medications listed were Flexeril and Tylenol #4. Clinic note dated 08/30/2013 documented the patient to have complaints of intermittent left knee pain, which was localized. She has popping and grinding of the left knee. Objective findings on exam revealed normal alignment of the lower extremities. The skin was clear, and no scars are present. There was moderate joint effusion. There was tenderness present to palpation over the left lateral joint line; there was crepitus with patellofemoral compression; muscle strength testing revealed weakness in the left quadriceps. Clinic note dated 09/18/2013 indicated the same complaint and same findings. The patient complained of intermittent minimal pain that was described as aching. The pain was aggravated by standing, walking and climbing stairs. Objective findings on exam revealed bilateral lower extremities were within normal limits bilaterally for deep tendon reflexes, dermatomes and myotomes. There was +2 spasm and tenderness to the left anterior joint line and vastus medialis. The knee range of motion was captured digitally by [REDACTED]. McMurray's test was positive on the left; grinding test was

positive on the left; Clarke's Test was positive on the left. The patient was diagnosed with tear of the lateral meniscus of the left knee, bursitis of the left knee, and chondromalacia patella.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TGHot (Tramadol 18%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.05%), 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish the existence of neuropathic pain. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines. Furthermore, there is no medical justification for providing an opioid in a compounded formula. Lastly, the medical records do not establish this employee has failed standard conservative measures. The medical necessity of Gabapentin 10%/ Menthol 2%/ Camphor 2%/Capsaicin 0.05% has not been established.

**Ibuprofen 600 mg, #120, one capsule by mouth 3 times per day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs may be recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Documented in the clinic note dated 09/18/2013, the employee continued to describe the pain complaint as intermittent minimal pain of an aching quality. The medical records do not establish the existence of moderate to severe pain, to warrant utilization of the NSAID. The medical necessity of Ibuprofen 600mg, #120, one capsule by mouth 3 times per day has not been established.

**Glucosamine/Chondroitin supplement sig: take 1 cap by mouth daily, #60:** Overturned

**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 Section Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** According to the MTUS, glucosamine/chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The medical records documented the employee has evidence of tricompartmental degenerative changes demonstrated on imaging studies, and subjective and objective findings correlate to osteoarthritis of the left knee. Given these factors, a trial of this supplement would be reasonable. Therefore, the medical necessity of Glucosamine/Chondroitin supplement sig: take 1 cap by mouth daily, #60 has been established.

**FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%), #180 gm, apply two times a day as directed:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish the existence of neuropathic pain. Further, failure of standard interventions has not been established. According to the guidelines, there is no evidence for use of the muscle relaxant as a topical product. Muscle relaxants are not recommended in topical formulation. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines.