

<b>Case Number:</b>	CM13-0068883		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. The patient is a 49-year-old male with a date of injury of 11/30/2012. The listed diagnoses per [REDACTED] are: 1. Status post left herniorrhaphy with residuals. 2. Rule out femoral neuropathy. 3. Left knee musculoligamentous sprain/strain. According to report dated 10/29/2013 by [REDACTED]. The patient complains of frequent left knee pain with weakness. The pain is rated as 6/10. Patient's current medications include Norco, Voltaren 100 mg and topical creams. Physical examination revealed tenderness over the incision of the left groin and tenderness over the left testicle with enlargement. There is also tenderness over the anterior and medial aspect of his thigh. Examination of the bilateral knees reveals a small effusion noted at the left knee. There is tenderness to palpation over the medial joint line. The left knee is stable to valgus and varus testing at 0 degrees and 30 degrees. Steinman's test is positive. Sensory examination reveals dull, diminished sensation to light touch over the L3-L4 dermatomes bilaterally. Utilization review is dated 12/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20% GEL 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** This patient presents with left knee pain with weakness. The treater is requesting flurbiprofen 20% gel 100 g. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Recommendation is for denial. The request for Flurbiprofen 20% Gel 120gm is not medically necessary.

**KETOPROFEN 20%/KETAMINE 10% GEL 120GM:** Upheld

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

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

**Decision rationale:** This patient presents with left knee pain with weakness. The treater is requesting a compound gel containing Ketoprofen 20% and Ketamine 10%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines page 112 supports the use of topical NSAIDs for peripheral joint arthritis or tendinitis which this patient has. However, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS Guidelines further states this agent is not currently FDA approved for topical application. "It has an extremely high incident of photocontact dermatitis." Recommendation is for denial. The request for Ketoprofen 20%/Ketamine 10% Gel 120gm is not medically necessary.

**GABAPENTIN 10%/CYCLOBENZAPRINE 10%/CAPSAICIN 0.0375% 120 GM:** Upheld

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

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

**Decision rationale:** This patient presents with left knee pain with weakness. The treater is requesting a topical compound cream that includes Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.035%. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. Recommendation is for denial. The request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120 gm is not medically necessary.

**INTERPRETING SERVICES:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines Have The Following Regarding Gym Membership (Knee).

**Decision rationale:** This patient presents with left knee pain with weakness. The physician is requesting interpreting services to be performed. The ACOEM, MTUS and ODG guidelines do not address these types of services. Division of Workers' Compensation Chapter 4.5-Subchapter 1 Administrative Director-Administrative Rules has the following under Article 5.7 Fees for Interpreter Services, " (a) Fees for services performed by a certified or provisionally certified interpreter, upon request of an employee who does not proficiently speak or understand the English language, shall be paid by the claims administrator for any of the following events: (1) An examination by a physician to which an injured employee submits at the requests of the claims administrator, the administrative director, or the appeals board; (2) A medical treatment appointment...." In this case, the division of Worker's Comp allows interpreter services for an employee when seeing their physician for examination. Recommendation is for approval. The request for interpreting services is not medically necessary.