

Case Number:	CM13-0072365		
Date Assigned:	01/08/2014	Date of Injury:	02/15/2012
Decision Date:	06/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 a 66 year old female who was injured on 08/02/2001 when she fell down bus stairs. The patient underwent a left total knee replacement on 03/15/2012. She underwent L5/S1 decompression. A clinic note dated 12/03/2013 indicates the patient reports that her left knee is managing overall. Her right knee continues to be unstable and gives her ongoing pain. She describes some intermittent swelling. She is getting pain from mid thigh down to mid calf region which is tender to palpation. Her low back pain is radiating pain in the mid lower back region to the sacral lower back region. The pain can radiate to the lateral side of her hips and then down the front of her legs bilaterally. The patient reports that she can only walk for about a half of a block and stand for five minutes before she needs to take a break and have a seat on her walker seat. The patient also reports that her chronic leg swelling is really limiting her daily activities. However, the patient's low back pain and history has been repeatedly documented throughout this whole year of 2013. On exam, straight leg raise triggers low back pain with 90 degree raising of both her legs. She has decreased sensory in the whole right leg compared to the left, L1/S1 distribution. There is tenderness to palpation over the paraspinal muscles and facets in the low back region. In the knees, there is tenderness to palpation of the bilateral joint lines. The left knee is not tender to palpation. The hand is tender to palpation in the palmar aspect of the right hand. The assessment is the patient has multiple orthopedic issues which are long standing. The chief complaint is low back pain. Secondary issue is right knee pain and instability. The plan is an extension of the patient's previous physical therapy authorization, home health service, motorized scooter, and water therapy. A physical medicine and rehab note dated 11/21/2013 states the patient's medications remain stable which include OxyContin, Oxycodone, Neurontin, Topamax, venlafaxine, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND: TRAMADOL HCL POWDER 20%, GABAPENTIN 10 %
LIDOCAINE 5% WITH A MEDIDERM BASE:** Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Gabapentin is not recommended by the MTUS Chronic Pain Guidelines to be used as a topical analgesic, as there is no peer-reviewed literature to support its use. Therefore, the requested topical compound is not medically necessary and appropriate.