

<b>Case Number:</b>	CM14-0102268		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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:

This 55 year-old patient sustained an injury on 2/6/13 while employed by [REDACTED]. The patient was carrying a box with chicken trying to open the freezer door when her left foot twisted, injuring her left knee. Request(s) under consideration include Topical Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180mg and Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180mg. Diagnoses include Knee lateral meniscal tear. There is past medical history of diabetes and hypertension. Medications list Tylenol, Motrin. The patient continues to treat for chronic symptoms of the knee pain radiating to the thigh and lower leg rated at 6-8/10. Conservative care has included acupuncture, therapy, knee injections, medications, and modified activities/rest. Exam of 6/21/13 from acupuncturist noted tenderness over gluteus medius, lateral and posterior joint line of knees, gastrocsoleus; limited lumbar range. Diagnoses included internal knee derangement and lumbar sprain/strain with treatment for acupuncture. Drug screen of 7/30/13 was negative for anticonvulsants, antidepressant, benzodiazepine, opiates, and sedative/ hypnotics. Internal medicine med-legal report 1/4/14 has review of medical records. No clinical exam, diagnoses, or treatment recommendation documented. Report of 4/17/14 from the provider noted the patient was seen in ER on 1/31/14 for chest pain complaints. Medications list Tramadol, Nabumetone, Omeprazole, Ibuprofen, Tylenol, Metformin, stool softener, Gabapentin, Simvastatin, Nabumetone, and Finsasteride. Exam showed vitals with normal heart rhythm and obese abdomen; extremities had no edema. Diagnoses list multiple internal medicine disorders and noted "orthopedic" diagnoses. UDS of 4/26/14 detected codeine without detection of anticonvulsants, antidepressant. Report of 4/26/14 from the occupational/ internist provider noted patient requests for meds; c/o GI upset with meds (unspecified). Exam noted patient ambulates with cane; "TTP with limited painful range of motion and positive orthopedic evaluation to low back and bilateral knees." Diagnoses include

left knee +meniscal tear; right knee meniscal tear; lumbar disc; gastritis, constipation & hemorrhoids 2nd to medication; and gait derangement. Treatment to follow-up with orthopedist and encouraged weight loss; and topical meds. The request(s) for Topical Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180mg and Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180mg were non-certified on 6/24/14 citing guidelines criteria and lack of medical necessity.

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

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

**Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180mg:** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical anti-epileptic medication Gabapentin or opioid Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of --. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180mg is not medically necessary and appropriate.

**Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180mg:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and

multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of --- without documented functional improvement from treatment already rendered. The Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180mg is not medically necessary and appropriate.