

<b>Case Number:</b>	CM14-0014261		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 46-year-old female patient who sustained a work related injury to her left knee on 9/28/2012. The injury occurred when her right foot was caught in a freight container and twisted her left knee. Since her initial injury, she has had some level of continuous left knee pain, at times as elevated as 8/10 on the 0 to 10 pain scale. Her pain is intermittent in presentation at a higher level of intensity that is throbbing and achy in character, but is always constant and is worsened by bending and climbing stairs. On examination, she has significant tenderness along the proximal patellar tendon and distal quadriceps, along the lateral retinaculum and joint line. She has negative provocative testing and is ligamentously stable. A diagnostic ultrasound identifies intra-articular fluid, increased echogenicity and signal of the proximal patellar tendon, a mild increase in the pes bursa and a slight increased echogenicity of the quadriceps tendon with an identified Baker's cyst posteriorly. A left knee MRI dated 11/11/13 demonstrates the patient has an oblique tear of the posterior horn of the medial meniscus with associated partial tearing of the posterior cruciate ligament. As of the date of the Utilization Review, the patient was awaiting left knee arthroscopy for debridement of the disrupted meniscus. She had physical therapy without significant prolonged relief and is currently taking Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATED CREAMS 30 GRAMS GABAPENTIN,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, page(s) 111-112 Page(s): 111-112.

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Due to the adverse side effect, primarily gastrointestinal (GI) upset and gastric ulceration / gastritis, the request for the use of a topical non-steroidal anti-inflammatory drug (NSAID) agent rather than systemic is warranted and authorized as a means of treating the patient left knee pain.

**MEDICATED CREAM 30 GRAMS FLURBIPROFEN:** Overturned

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

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

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. The addition of Gabapentin is not recommended, as there is no peer reviewed literature support for its use. Due to the fact that the patient does not have a documented complaint of neuropathic pain, or a failed antidepressant treatment trial and the MTUS guideline not recommending use of Gabapentin in topical creams because of lack of peer reviewed literature, The request for the topical analgesic cream not medically necessary.