

<b>Case Number:</b>	CM14-0173714		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Orthopedic Surgery 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 31-year old male claimant with an industrial injury dated 01/15/14. The patient is status post a left knee partial medial meniscectomy dated 04/28/14. Exam note 10/21/14 states the patient returns with left knee pain. The patient explains a tingling, numb, aching, and pulsing sensation. The patient rates the pain a 6/10. The patient also explains that the numbness radiates to the left foot, but the pain is improving overall. The pain disrupts the patient's sleep patterns, lifting, and prolonged standing. Upon physical exam the patient demonstrated normal reflexes, and has no loss of sensibility. The patient has abnormal sensation and pain in the hip on the right corresponding to L1 dermatome. There was evidence of tenderness surrounding the left knee, and tenderness at the lateral peripatellar on the right. The patient completed a negative McMurray's test, and the range of motion for both knees is noted as normal. Treatment includes a continuation of medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% and Tramadol 20% in Mediderm cream base with Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm cream base: 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore Flurbiprofen 20% and Tramadol 20% in Mediderm cream base with Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm cream base is not medically necessary.