

<b>Case Number:</b>	CM14-0175146		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/04/2014
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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, 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:

The patient is a 57 year-old female with the date of injury of 07/04/2014. The patient presents pain in her right hip and both of her knees. The patient ambulates with antalgic gait favoring the right lower extremity. There are palpative tenderness over her right hip anteriorly and right knee. The range of right knee motion is decreased. And the strength on the right hip is decreased at 4/5. Examination reveals that Patrick test, Lachman's test and McMurray test are positive. Per 07/22/2014 progress report, the patient is taking Acetaminophen 650mg and Tramadol 50mg. Diagnosis on 09/29/2014: 1) Right hip strain/sprain 2) Bilateral knee strain/ sprain 3) Rule out right knee meniscal tear. The utilization review determination being challenged is dated on 10/14/2014. Treatment reports were provided from 07/17/2014 to 09/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound Gabapentin 10%, Amitriptyline, 10% Dextromethorpan 10% 210gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The patient presents with pain and weakness in her right hip and knees bilaterally. The request is for Topical compound Gabapentin 10%, Amitriptyline 10%, Dextromorphan 10%, 210mg. MTUS guidelines do not recommend Gabapentin or Amitriptyline as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical gabapentin or topical Amitriptyline, the request is not medically necessary.

**Flurbiprofen 20%, Tramadol 20% 210mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, topical analgesics

**Decision rationale:** The patient presents with pain and weakness in her right hip and knees bilaterally. The request is for Flurbiprofen 20%, Tramadol 20%, 210 mg. MTUS guideline page 111 recommends Non-steroidal anti-inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). " ODG guidelines have the following regarding topical analgesics: (<http://www.odg-twc.com/odgtwc/pain.htm#TreatmentProtocols>) "There is little to no research to support the use of many these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. "In this case, none of the reports indicate that patient's Osteoarthritis and tendinitis, in particular, that of the knee or other joints. Tramadol is not discussed in the guidelines for topical use either. The request is not medically necessary.