

Case Number:	CM14-0181035		
Date Assigned:	11/05/2014	Date of Injury:	10/14/2013
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44-year-old woman who sustained a work-related injury on October 14, 2013. Subsequently, she developed chronic left knee pain. MRI of the left knee dated December 15, 2013 showed horizontal tear in the posterior horn of the lateral meniscus, which extends to the inferior articular surface. Lateral collateral ligament complex appears intact but thickened with surrounding fluid, which is consistent with a sprain. Lateral subluxation of the patella in relation to the trochlear groove, which returns to its normal anatomic position in some degrees of flexion and extension, and knee joint effusion. According to the progress report dated October 9, 2014, the patient complained of left knee pain that she rated at 7/10. No radiation or associated numbness, tingling, muscle weakness, or paralysis. Examination of the left knee revealed tenderness to palpation over the posterior and lateral aspect of the left knee. There was mild pain with flexion and extension. The remainder of the neurovascular exam was normal. The patient was diagnosed with left knee strain. The provider request authorization is as follows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%/Amitriptyline 10%/Dextromethorphan 10% 180 grams: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline, Gabapentin and Dexamethorphan. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Amitriptyline 10% + Gabapentin 15% + Dexamethorphan 10% cream 180gms is not medically necessary.

Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%, 180 grams: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of knee pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%, 180 grams is not medically necessary.