

<b>Case Number:</b>	CM14-0185788		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Minnesota. 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 injured worker is a 31 year old male with a history of left knee injury on 1/15/2014. He underwent arthroscopy with partial medial meniscectomy, chondroplasty, and synovectomy on 4/28/2014. The disputed issues pertain to a prescription for compounded topical analgesics for knee pain non-certified by UR and a urine drug screen that was also non-certified. There was no evidence of use of controlled substances or possibility of addiction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGIce: Tramadol 8%, Gabapentin 10%, Menthol 2%, and Camphor 2% Cream and Flurbiprofen 20% Cream:** 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.

**Decision rationale:** The California MTUS chronic pain guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence that trials of antidepressants or anticonvulsants failed to relieve pain. There is no evidence that the knee pain was neuropathic. Furthermore, topical analgesics are largely

experimental. Any compounded product that contains at least one drug that is not recommended is not recommended. Gabapentin is not recommended. The only FDA approved topical NSAID is Diclofenac. Flurbiprofen is not recommended. Based upon the above the request for topical TG Ice is not medically necessary.

**Urine Analysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain treatment agreement Page(s): 89.

**Decision rationale:** The guidelines recommend urine drug screens to determine treatment compliance with opioids. There is no indication of taking opioids and no aberrant behavior was documented. As such, the request for a urine drug screen is not medically necessary.