MAXIMUS Federal Services

Case Number:	CM14-0021072		
Date Assigned:	05/05/2014	Date of Injury:	06/16/1995
Decision Date:	08/05/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family 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 worker is a 61 year old female who injured her lower back, right knee, right foot, and right ankle on 6/16/95, and has since had chronic right knee and back pain. She later had surgery on her right knee (total knee replacement in 6/12), but continued to complain of right knee and later left knee pain as well. She was diagnosed with bilateral knee joint degeneration, right knee meniscus tear and ACL rupture, and right lateral ankle impingement. For her pain, she was treated with radiofrequency neurotomy of her lower back, knee surgery, Cymbalta, Opioids, Topamax, and steroid injections in the knee according to the notes provided. On 12/26/13, the worker was seen by her orthopedic physician complaining of bilateral knee pain as well as right foot and ankle pain. The surgeon recommended at some point surgery on her left knee, but recommended topical analgesics and pain medications. The worker was then prescribed a topical analgesic agent which included multiple medications including Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL CREAM: TGHOT: TRAMADOL 8%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%, CAPSAICIN 0.05%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page 111-113 and Capsaicin Page(s): 111-113, 28.

Decision rationale: The California MTUS Guidelines for Chronic Pain states that topical analgesics may be an option, but are largely experimental, especially combination or compounded versions and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended for topical use, according to the MTUS Guidelines as there are no peer-reviewed literature to support its use. Capsaicin may be considered as an option in cases where the patient has not responded or is intolerant to other first-line treatments, but high doses are considered experimental. In the case of this worker, the combination topical agent recommended to her by her orthopedic physician included Gabapentin, which is currently not recommended by the California MTUS. Therefore the transdermal cream which included tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%, is not medically necessary.