

Case Number:	CM14-0033286		
Date Assigned:	06/20/2014	Date of Injury:	04/15/1996
Decision Date:	07/18/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Rehabilitation, 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 69-year-old female who reported an injury on 4/15/96. The mechanism of injury was not provided within the medical records. The clinical note dated 1/9/14 indicated diagnoses of left knee pain, status post total knee replacement with revision, left total knee revision surgery on 02/13/2013, and right knee incision and drainage. The injured worker reported bilateral knee pain. She rated her right knee pain at 7/10 and left knee pain at 6/10. On physical examination, there was pain and stiffness with the knees bilaterally and swelling in the left knee. The injured worker had an unsteady gait and walked with an antalgic gait on the left with assistance of a cane. On examination of the left knee, the incision site was tender with trace effusion. There was grade 2 swelling in and about the knee. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, naproxen, Fluriflex, and TGIce.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 1/13/14) for medications:
Flurbiprofen/Cyclobenzaprine/Tramadol/Gabapentin/Menthol/Camphor/Capsaicin for
treatment of left knee: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-112.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is an NSAID indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Cyclobenzaprine is a muscle relaxant. The guidelines state there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended as there is no peer-reviewed literature to support its use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. The documentation submitted did not indicate trials of antidepressants and anticonvulsants have failed. In addition, the documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for osteoarthritis or tendinitis of the knee. Additionally, Cyclobenzaprine is a muscle relaxant. The guidelines state there is no evidence for use of any of the muscle relaxants as a topical product. Moreover, gabapentin is not recommended. The guidelines state any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for post-herpetic neuralgia, diabetic neuropathy, or post-mastectomy pain. Furthermore, the request did not indicate a frequency, dosage, or quantity for the medication. As such, the request is not medically necessary.