

Case Number:	CM14-0051215		
Date Assigned:	07/07/2014	Date of Injury:	10/11/2011
Decision Date:	08/07/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 36 year old male who was injured on 10/11/2001. The diagnosis is right knee pain. The patient works full time. The knee pain rated at 1-2/10 occasionally on climbing stairs and kneeling. On 2/7/2014, [REDACTED] noted tenderness and positive Mc Murray's test on examination of the right knee. There is a past surgical history of a 1/23/2013 right knee arthroscopy. There is no documentation of trials or failure of first line neuropathic medications. The patient is currently utilizing compound topical preparations creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitramadol DM transdermal 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65--73, 111-113.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of topical analgesic preparation for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when trials of anticonvulsants and antidepressants are ineffective, cannot be tolerated or have failed. The guidelines recommend that topical medications be tried

and evaluated individually for efficacy. There is no documentation that first-line neuropathic medications was tried. The Amitramadol DM compound preparation contains amitriptyline 4%, tramadol 20% and dextromethorphan 10%. These medications are approved for use as formulations. There is no evidence based report or guideline support for the use of these medications in compound topical preparations. The criteria for the use of Amitramadol DM transdermal 240gm was not met, the requested treatment was not medically necessary.

Gabapentin/Ketoprofen/Lidocaine HCl transdermal 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of topical analgesic preparation for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when trials of anticonvulsants and antidepressants are ineffective, cannot be tolerated or have failed. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. There is no documentation that first-line neuropathic medications was tried. The compound preparation contains gabapentin 6%, ketoprofen 20% and lidocaine 6.15%. The use of lidocaine in any formulation other than as Lidoderm is not approved. The use of ketoprofen in topical preparation is associated with a high incidence of photodermatitis. Gabapentin is approved for use only in oral formulation. The criteria for the use of gabapentin 6%/ketoprofen 20%/lidocaine 6.15% 240gm 240mg was not met. The requested treatment is not medically necessary.