

<b>Case Number:</b>	CM14-0054524		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 California. 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:

This is a 68 year old male with a 12/16/08 injury date. In a 3/4/14 note, subjective complaints included left knee pain with locking, clicking, and giving out, as well as joint pain at night. Objective findings included left quadriceps hypertonicity upon palpation, tenderness over the medial joint line, flexion to 125 degrees, extension to neutral and positive McMurray's test. There was no discussion of imaging findings and no imaging reports available for review. Diagnostic impression: left knee osteoarthritis. Treatment to date: home exercise program, medications. A UR decision on 3/27/14 denied the request for left knee arthroscopy with debridement on the basis that arthroscopic surgery has not been shown to be an effective treatment for knee osteoarthritis. The request for topical medications, TG Hot and FluriFlex, was denied because the safety and efficacy of topical analgesics has not been established. The request for Norco 10/325 mg #30 was denied because the use of opioids for osteoarthritis is not supported on a chronic basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Meniscectomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee chapter-- Arthroscopic surgery in osteoarthritis

**Decision rationale:** CA MTUS does not address this issue. However, ODG does not recommend arthroscopic surgery in arthritic knees. Therefore, the request for left knee arthroscopy with debridement is not medically necessary.

**Topical medications: TG Hot and FlurFlex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

**Decision rationale:** An online search has revealed that TG Hot is a topical analgesic containing Tramadol/ Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. However, this compound contains topical Cyclobenzaprine and Flurbiprofen, which are not currently supported by CA MTUS guidelines. Therefore, the request for topical medications, TG Hot and Fluriflex, is not medically necessary.

**Norco 10/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

**Decision rationale:** CA MTUS does not support the long-term use of opioids in the treatment of osteoarthritis. However, there is no rationale in the documentation that explains why an opiate is needed at this time for the treatment of the patient's chronic knee complaints. Therefore, the request for Norco 10/325 mg #30 is not medically necessary.