

<b>Case Number:</b>	CM14-0061931		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 & Rehabilitation and is licensed to practice in California and Washington. 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 45-year-old male with an injury reported on 11/19/2012. The injured worker was a general laborer and was hammering; and in mid-swing while hammering, he stepped to the right and then back to get momentum, and he felt a sharp pain and heard a crack in his right knee. Treatment has included previous massage, physical therapy, heat packs and exercise, all of which provided temporary benefit. Cortisone injections were offered as an option, and the injured worker did not wish to have injections. Examination on 03/11/2014, with complaints of intermittent moderate dull right pain to the knee and tingling. The examination did show that there was no bruising, no swelling, atrophy or lesion present on the right knee. There was 3+ tenderness to palpation of the anterior knee, medial knee and the posterior knee. There was no list of medications provided, nor was there an efficacy. The diagnoses consisted of right knee internal derangement, right knee medial meniscus tear, right knee pain, right knee sprain/strain and postsurgery right knee. The plan of treatment was to continue the medications as prescribed, which were naproxen, Protonix, Flexeril, Norco and Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor/Ketoprofen/Lidocaine/Dexamethasone. Examination on 04/08/2014, reported continued complaints to the right knee that were frequent and a mild to moderate dull, sharp pain with stiffness, numbness, tingling and weakness. There was not a change in the actual examination. The medications that were to be filled were the same as the previous request. A urinalysis was performed on 04/08/2014, of which, the results were consistent with the prescriptions with the exception of the Cyclobenzaprine, which was not detected as it was prescribed. The request for authorization was signed and dated for 12/14/2013. The request for the tramadol/L-carnitine was not provided, nor was the rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/L-Carnitine 40/125mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official disability guidelines (ODG), [Painncbi.nlm.nih.gov](http://Painncbi.nlm.nih.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, compounded drugs.

**Decision rationale:** The Official Disability Guidelines do not recommend compounded drugs if they include at least 1 drug substance or ingredient that is not FDA-approved; and the California MTUS Guidelines recommend the ongoing monitoring for documentation of opioids to include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or nonadherent drug-related behaviors. There was no efficacy of any pain relief provided. The injured worker did not complain of any side effects. There was no physical and psychosocial functioning deficit or improvement that was provided. Therefore, the request for the tramadol/L-carnitine 40/125 mg #90 is not medically necessary and appropriate.

**Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 20%, Camphor 2%, Ketoprofen 20%, Lidocaine 10%, Dexamethasone 4% (10gm) (Date of service 03/11/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-114.

**Decision rationale:** The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The Flurbiprofen is not recommended due to the efficacy in clinical trials for that treatment has been inconsistent and as most studies are small and of short duration. The ingredient of lidocaine is also not recommended. Lidocaine in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulation of lidocaine, whether it be a cream, a lotion or a gel, is indicated. It has not been documented that the injured worker's pain is neuropathic. The California MTUS Guidelines recommend that further research is needed for lidocaine in the treatment of chronic neuropathic pain disorders other than postherpetic neuralgia. The ingredient capsaicin is also recommended only for injured workers who have not responded or who are intolerant to other treatments. There was no record or documentation of any other treatments that were failed or not tolerated. The California Guidelines state that topical capsaicin is moderate to poor efficacy. Therefore, the request Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 20%, Camphor 2%, Ketoprofen

20%, Lidocaine 10%, Dexamethasone 4% (10gm) (Date of service 03/11/14) is not medically necessary and appropriate.