

<b>Case Number:</b>	CM14-0070115		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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:

The injured worker is a 56-year-old female who reported an injury on 10/29/2012 when due to a fire alarm, they had an emergency evacuation from the building, and she had to jump down several large steps and felt immediate knee pain upon impact. Diagnoses were lower back pain with radicular symptoms, cervical spine pain with radicular symptoms, right knee osteoarthritis, depression and anxiety, deferred to appropriate specialist, internal diagnosis, deferred to appropriate specialist, left wrist pain. Past treatments have been 5 injections of the right knee. The diagnostic studies were not reported. Surgical history was right knee arthroscopy. The physical examination on 02/10/2014 revealed that the injured worker came in for a follow-up evaluation. The injured worker was status post 5 injections of the right knee by Supartz injection with about 40% improvement. There were complaints of low back pain. It was reported that conservative treatment had failed in the form of medication and local injection, as well as therapy for the back. The examination of the right knee revealed pain at 90 degrees of knee flexion and 100 degrees of knee extension with medial joint line tenderness upon palpation. There was palpatory pain and tenderness of the lumbar spine and lumbosacral junction was also noted. The straight leg raising bilaterally caused pain in the lumbar spine as well. Medications were not reported. The treatment plan was for an injection to the lumbar spine. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The decision for Norco 10/325 mg quantity of 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short-acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The 4 As were not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Compound analgesic cream - TgHot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/10/14), Compound Drugs.

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

**Decision rationale:** The decision for a compound analgesic cream - TgHot is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is an ingredient in this medication. It is recommended as an option in patients who have not responded to or are intolerant of other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Another ingredient is Gabapentin. The medical guidelines state that Gabapentin is not recommended. There is no peer-reviewed literature to support its use. The medical guidelines do not support the use of compounded topical analgesics. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.