

Case Number:	CM13-0020509		
Date Assigned:	10/11/2013	Date of Injury:	06/02/2011
Decision Date:	11/16/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on June 2, 2011, incurring right and left knee injuries. Magnetic Resonance Imaging revealed chondromalacia of the patella and a lateral meniscus tear. He was diagnosed with chondromalacia of both knees and a lateral meniscal tear of the left knee. On December 2, 2011, he underwent left knee arthroscopic surgery with partial meniscectomy, chondroplasty patella, and removal of loose bodies. He underwent right knee surgical chondroplasty and synovectomy on December 7, 2012. Other treatment included pain medications, splint and crutches, aqua therapy, anti-inflammatory drugs, physical therapy, topical analgesic cream and activity restrictions and work modifications. Currently, the injured worker complained of persistent right knee pain and left knee pain aggravated with activity, walking, lifting, sitting and standing for prolonged periods of time. He rated his pain at its best 5 out of 10 and at its worst 8 out of 10 on a scale of 1 to 10. He noted loss of sleep due to chronic knee pain. His activities of daily living were affected including showering and bathing, grooming, dressing and sexual activity. The injured worker had limited painful range of motion of the lower extremities. Emotionally he was affected with irritability, anxiety and depression secondary to the persistent knee pain. The treatment plan that was requested for authorization included a prescription for Gabapentin cream 20 grams. On August 9, 2013, utilization review denied the prescription for Gabapentin topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin cream 20grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in June 2011 while working as a truck driver when he tripped on a hose. He underwent arthroscopic knee surgery in December 2011. When seen, he was having low back, right hip, and bilateral knee pain. Pain was rated at 3-8/10. Physical examination findings included a body mass index over 38. There was bilateral knee joint line tenderness and pain with range of motion. There was bilateral knee crepitus. He had decreased quadriceps strength bilaterally. Medications were prescribed including compounded topical cream. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could have been considered. The claimant does not have a diagnosis of neuropathic pain. This medication is not considered medically necessary.