

Case Number:	CM14-0191855		
Date Assigned:	11/25/2014	Date of Injury:	08/16/2013
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine 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:

Injured worker (IW) sustained an industrial injury to the left knee due to repetitive work activities. Date of injury is documented as 08/02/13. Right knee MRI revealed complex medial meniscus tear, knee joint effusion, and cartilage thinning of the medial femoral condyle and medial tibial plateau with joint space narrowing. Focus of increased signal underlying the intercondylar eminence consistent with fibrovascular changes was noted. 08/26/14 he underwent right knee surgery consisting of arthroscopy with partial medial meniscectomy, partial synovectomy and injection. 10/23/14 office note documented complaints of 7/10 right knee pain and numbness in the right lower extremity. IW reported that medication was helpful, but no specific symptomatic or functional improvement associated with medication use was documented. On exam, right knee tenderness, crepitus, limited range of motion, and positive McMurray test were documented. No focal neurological deficits were documented. Impression was right knee sprain/strain; r/p internal derangement knee and right knee pain. IW was dispensed naproxen 550 mg, pantoprazole 20 mg, and hydrocodone/APAP 10/325. Topical compounded medications were ordered, but no rationale was documented concerning use of topical medications. 10/24/14 office note per claimant's chiropractor did not mention medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5% in 210 cream base: Upheld

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

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

Decision rationale: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend topical use of gabapentin, and therefore the requested compounded topical cream is not recommended by MTUS. Medical necessity is not established for the requested compounded topical cream.