

<b>Case Number:</b>	CM14-0197343		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 man with a date of injury of 2/1/07. The available notes in the records are from April - August 2014. He was seen by his provider on 8/20/14 with complaints of his right knee buckling with pain and swelling. His exam showed less pain. He had a positive draw sign and pivot shaft. Extension was 0/0 and flexion 115/140. He had positive "MFC and MTL". His diagnoses included torn meniscus and ACL-right knee, subluxation patella: ostochondriac defects LFC and MFC, status post right knee surgery in 1998, 2004 and 2008. At issue in this review are several topical medications with a date of service of 12/23/11 including Ketoprofen powder, Capsaicin powder, PCCA Lidoderm base, Tramadol and Cyclobenzaprine powder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ketoprofen powder 30 gm, DOS 12/23/11: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73, 111-113.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including surgery and

use of several medications. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of ketoprofen powder is not substantiated in the records.

**Retrospective request for Capsaicin powder DOS, 12/23/11: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of capsaicin powder is not substantiated in the records.

**Retrospective request for PCCA Lidoderm base, dos 12/23/11: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of PCCA Lidoderm base is not substantiated in the records.

**Cyclobenzaprine powder 12 gm, DOS 12/23/11: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 111-113.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of cyclobenzaprine powder is not substantiated in the records.

**Retrospective request for Tramadol HCl 12 gm, DOS 12/23/11:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94, 111-113.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2007. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The available medical records fail to document any improvement in pain or functional status or a discussion of side effects to justify use. The medical necessity of tramadol is not substantiated in the records.