

<b>Case Number:</b>	CM15-0104474		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old male, who sustained an industrial injury on 7/9/13. He reported pain in his left knee. The injured worker was diagnosed as having traumatic internal derangement of the left knee, status post arthroscopic surgery, traumatic chondromalacia patella and lateral meniscus tear. Treatment to date has included surgery and oral and topical medications. Many of the progress notes submitted for review were difficult to decipher. On 10/8/13, the injured worker reported persistent left knee pain. Objective findings include tenderness to palpation over the medial joint lines. As of the PR2 dated 2/3/15, the injured worker reports continued left knee pain status post arthroscopic surgery. The treating physician requested Gabapentin 10%, Lidocaine 2% with Aloe Vera .5% plus Emu Oil 30%, Capsaicin (Natural) .025%, Ketoprofen 15 % plus Capsaicin .025% (No Scent) Spray 120mls and Menthol 10% plus Camphor 5% (Trigger Point Gel) 120 Grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 2% with Aloe Vera .5% plus Emu Oil 30%, Capsaicin (Natural) .025%: Upheld**

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

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

**Decision rationale:** The patient presents on 11/12/14 with unrated left knee pain - this progress note is the most recent legible document; the remainder of the progress notes are poorly scanned and almost entirely illegible. The patient's date of injury is 07/09/13. Patient is status post unspecified left knee arthroscopy on 10/31/13. The request is for GABAPENTIN 10%, LIDOCAINE 2% WITH ALOE VERA 0.5% PLUS EMU OIL 30%, CAPSAICIN (NATURAL) 0.025%. The RFA was not provided. Physical examination dated 11/12/14 reveals audible and palpable crepitus in the left knee, and limited range of motion from 0-80 degrees. The provider also notes positive anterior drawer sign to the right knee. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Gabapentin: Not recommended." n regard to the request for a compounded cream containing Gabapentin, Lidocaine, Aloe Vera, and Capsaicin; the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical formulations, Lidocaine is only approved in patch form. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

**Ketoprofen 15 % plus Capsaicin .025% (No Scent) Spray 120mls: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** The patient presents on 11/12/14 with unrated left knee pain, this progress note is the most recent legible document; the remainder of the progress notes are poorly scanned and almost entirely illegible. The patient's date of injury is 07/09/13. Patient is status post unspecified left knee arthroscopy on 10/31/13. The request is for KETOPROFEN 15% PLUS CAPSAICIN 0.025% (NO SCENT) SPRAY 120MLS. The RFA was not provided. Physical examination dated 11/12/14 reveals audible and palpable crepitus in the left knee, and limited range of motion from 0-80 degrees. The provider also notes positive anterior drawer sign to the right knee. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Non-steroidal anti-inflammatory agents

(NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS Chronic Pain Medical Treatment Guidelines, pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the request for a topical compounded cream containing Ketoprofen and Capsaicin, the provider has not specified where it is to be applied and has not documented prior efficacy. It is unclear how long this patient has been prescribed this topical medication, as the RFA was not provided and many of the progress notes are illegible. This topical NSAID would be indicated for this patient's left knee complaint. However, MTUS requires documentation of efficacy when medications are used for pain, in this case, none is provided. Without documentation of past efficacy continuation of this topical cream cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Menthol 10% plus Camphor 5% (Trigger Point Gel) 120 Grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Topical analgesics.

**Decision rationale:** The patient presents on 11/12/14 with unrated left knee pain - this progress note is the most recent legible document; the remainder of the progress notes are poorly scanned and almost entirely illegible. The patient's date of injury is 07/09/13. Patient is status post unspecified left knee arthroscopy on 10/31/13. The request is for MENTHOL 10% PLUS CAMPHOR 5% (TRIGGER POINT GEL) 120 GRAMS. The RFA was not provided. Physical examination dated 11/12/14 reveals audible and palpable crepitus in the left knee, and limited range of motion from 0-80 degrees. The provider also notes positive anterior drawer sign to the right knee. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently working with modified duties. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug-or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required."MTUS does not specifically discuss Menthol, or Camphor. ODG-TWC guidelines, Pain Chapter under Topical analgesics states: "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm."In regard to the request for a topical compounded cream containing Menthol and Camphor, such creams are not supported by guidelines as an effective treatment. It is unclear how long this patient has been prescribed this topical medication, as the RFA was not provided and many of the progress notes are illegible. ODG does not generally support topical compounded creams owing to a lack of evidence supporting their efficacy, and the potential for harm. Therefore, the request IS NOT medically necessary.