

Case Number:	CM15-0106844		
Date Assigned:	06/11/2015	Date of Injury:	04/29/2012
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on April 29, 2012. The injured worker was diagnosed as having right knee tear and right elbow epicondylitis. Treatment to date has included magnetic resonance imaging (MRI) and medication. A progress note dated April 22, 2015 provides the injured worker complains of right knee pain with sensation of locking and giving out. She reports the symptoms are increased and rates the pain 8-9/10. She also has right elbow pain. Physical exam notes tenderness of the knee with painful range of motion (ROM) and positive McMurray's test, crepitus and effusion. The plan includes surgery, topical and oral medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPC2- Flubiprofen 20%, Baclofen Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals, and Opioids for Chronic Pain Page(s): 111-113, 105, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 13th Edition (web), 2015, pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Baclofen is not recommended due to lack of evidence. In addition, the claimant was prescribed other topical and oral analgesics. Since the compound above contains topical Baclofen, the compound in question is not medically necessary.

Tramadol Hydrochloride 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topical, and Opioids for Chronic Pain Page(s): 111-113, 105, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 13th Edition (web), 2015, Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, there was no mention of failure of Tylenol. Pain scores were not routinely documented. A controlled substance agreement was not noted. The request for Tramadol is not medically necessary.

HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topical, and Opioids for Chronic Pain Page(s): 111-113, 105, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 13th Edition (web), 2015, Pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended.
Topical Gabapentin and Hyaluronic acid is not recommended due to lack of evidence. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.