

<b>Case Number:</b>	CM15-0130639		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 39 year old male, who sustained an industrial injury on January 31, 2014. The injured worker reported left knee pain while lifting a pallet weighing about 150 pounds with the use of a pallet jack. The injured worker was diagnosed as having status post left knee anterior cruciate ligament reconstruction with debridement. Treatment and diagnostic studies to date has included laboratory studies, physical therapy, use of a knee brace, magnetic resonance imaging of the left knee, medication regimen, and x-rays of the left knee. In a progress note dated March 31, 2015 the treating physician reports a mild antalgic gait with a mild limp, intermittent left knee pain, pain with range of motion to the left knee, and the episodes four the left knee giving out and buckling. Examination reveals left anterior knee tenderness and muscle spasms. The injured worker's current medication regimen included Tramadol. The injured worker's pain level was rated a 3 to 5 on the scale of 1 to 10 to the bilateral knees, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medications of Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% cream 240g for 30 days and Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2 % 240 gram cream apply thin layer 2 to 3 times a day as needed for pain to minimize possible

neurovascular complications, to avoid complications secondary to narcotic use, and to avoid upper gastrointestinal bleeding from use of nonsteroidal anti-inflammatory drug use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% cream 240g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 13, 111-113.

**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 anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants Baclofen as well as topical Hyaluronic Acid and Menthol are not recommended due to lack of evidence. In addition, the topical analgesic was combined with other topical analgesics and oral analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2 % 240 gram cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 13, 111-113.

**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 anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin as well as topical antidepressants such as Amitriptyline are not recommended due to lack of evidence. In addition, the topical analgesic was combined with other topical analgesics and oral analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.