

Case Number:	CM15-0135877		
Date Assigned:	07/23/2015	Date of Injury:	07/13/2014
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 43-year-old female, who sustained an industrial injury on 7/13/14. Initial complaints were not reviewed. The injured worker was diagnosed as having left knee medial meniscus tear; status post left knee arthroscopy with residual pain. Treatment to date has included medications. Currently, the PR-2 notes dated 3/17/15 indicated the injured worker is a status post left knee arthroscopy (no date and no report) with residual burning and muscle spasm. The injured worker reports pain level of 8/10 and described the pain as constant, moderate to severe. It is aggravated with squatting, kneeling, ascending and descending stairs, prolonged positioning including weight bearing, standing and walking. She also complains of numbness, tingling and pain radiating to the foot. She states the symptoms persist but medications do offer her temporary relief of pain and improve her ability to have restful sleep. On physical examination of the left knee, the provider documents well-healed surgical portals over the left knee consistent with prior surgery. There is a 1+ effusion noted and the "Q" ankle of the knee is increased. She is unable to perform heel-toe walk or squat due to severe pain in the left knee. There is tenderness to palpation over the medial and lateral joint and to the patella-femoral joint. There is tenderness to palpation over the patella tendons and over the surgical portals. Her ranges of motion of the left knee note flexion at 20 degrees of the 140-degree normal and 0 extension. Her sensation to pinprick and light touch is slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the left upper extremity. Motor strength is noted 4/5 in all represented muscle groups in the upper extremities. The provider is requesting authorization of

CMPD-Capsaicin/Flurbipro/Gabapenti/Menthol C/CAMPH day supply: 30 quantity 180 and
CMPD- Cyclobenz/Gabapenti/Amitripty/Versapro day supply: 30 quantity: 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Capsaicin/Flurbipro/Gabapenti/Menthol C/CAMPH day supply: 30 quantity 180:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical
Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely
experimental in use with few randomized controlled trials to determine efficacy or safety. The
guidelines state that there is little to no research to support the use of many these agents.
Specifically, the MTUS guidelines state that any compounded product that contains at least one
drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state
that topical gabapentin is not recommended. The request for CMPD-Capsaicin/Flurbipro/
Gabapenti/Menthol C/CAMPH day supply: 30 quantity 180 is not medically necessary and
appropriate.

CMPD-Cyclobenz/Gabapenti/Amitripty/Versapro day supply: 30 quantity:180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical
Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely
experimental in use with few randomized controlled trials to determine efficacy or safety. The
guidelines state that there is little to no research to support the use of many these agents.
Specifically, the MTUS guidelines state that any compounded product that contains at least one
drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state
that topical gabapentin is not recommended. Muscle relaxants such as cyclobenzaprine are not
supported in topical application. The request for CMPD- Cyclobenz/Gabapenti/Amitripty/
Versapro day supply: 30 quantity: 180 is not medically necessary and appropriate.