

<b>Case Number:</b>	CM15-0138640		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Pain Management

### 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 61-year-old male who sustained an industrial injury when he twisted his left knee going down an embankment on 09/13/2012. The injured worker was diagnosed with left knee degenerative joint disease, chondromalacia and left knee internal derangement. The injured worker also has a medical history of hypertension. The injured worker is status post left anterior cruciate ligament reconstruction in 1995, left knee surgery in 2012 (no procedure documented), and left knee arthroscopy with removal of loose bodies, partial medial meniscectomy and chondroplasty in 2103. Treatment to date has included diagnostic testing, surgery, physical therapy, injections, anti-embolic compression stockings, crutches, lateral unloader brace, anterior cruciate ligament brace, home exercise program and medications. According to the primary treating physician's progress report on June 10, 2015, the injured worker continues to experience left knee pain with episodes of buckling. The injured worker rates his pain level at 8/10. Evaluation noted a mild limp and antalgic gait. A left knee brace was being worn. Examination of the left knee demonstrated tenderness to palpation and spasm of the anterior knee. Motor strength was noted at 5-/5 of the left quadriceps with normal deep tendon reflexes. Range of motion was documented as flexion at 110 degrees and extension at 0 degrees. McMurray's, anterior drawer and patellar compression signs were positive and Varus, Valgus and posterior drawer testing were negative. Current medications are listed as Norco 10/325mg and topical analgesics. The injured worker remains on temporary total disability (TTD). Treatment plan consists of magnetic resonance imaging (MRI) of the left knee, toxicology testing, medication regimen and the current request for Amitriptyline hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 2% in a cream base and Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol/Dexamethasone micro 0.2%/Capsaicin 0.0025%/Hyaluronic 0.2% in a cream base.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Flurbiprofen 20%/Baclofen 5%/ Camphor 2%/ Menthol/Dexamethasone micro 0.2%/Capsaicin 0.0025%/Hyaluronic 0.2% in cream base:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Compound medication: Flurbiprofen 20%/Baclofen 5%/ Camphor 2%/ Menthol/Dexamethasone micro 0.2%/Capsaicin 0.0025%/Hyaluronic 0.2% in cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Guidelines do not support the use of topical hyaluronic acid. As such, the currently requested Compound medication: Flurbiprofen 20%/Baclofen 5%/ Camphor 2%/ Menthol/Dexamethasone micro 0.2%/Capsaicin 0.0025%/Hyaluronic 0.2% in cream base is not medically necessary.

**Compound medication (Amitriptyline hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 2% in cream base) 240gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Compound medication (Amitriptyline hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 2% in cream base) 240gms, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. As such, the currently requested Compound medication (Amitriptyline hydrochloride 10%/ Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 2% in cream base) 240gms is not medically necessary.

