

Case Number:	CM15-0140499		
Date Assigned:	07/30/2015	Date of Injury:	07/13/2010
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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 on 7-13-2010. He reports a heavy guardrail hit him twice to the anterior knees knocking him to the ground several feet backwards. He reports pain in the bilateral knees and has been diagnosed with knee pain. Treatment has included medications, medical imaging, surgery, injection, and physical therapy. Examination of the bilateral knee revealed tenderness to palpation over the medial and lateral aspects of the right knee and lateral aspect of the left knee. Right knee range of motion revealed flexion at 60-150 degrees and extension 0-0 degrees. Left knee range of motion revealed flexion at 50-150 degrees and extension at 10-0 degrees. Inspection revealed an anterior vertical scar 23 cm on the right knee and 20 cm on the left knee. The treatment plan included medications and follow up. The treatment request included Flurbiprofen 10 %-amitriptyline 10 %-gabapentin 6 %-lidocaine 2 %-Prilocaine 2 %-Lipoderm active max #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%/Amitriptyline 10%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2%
Lipoderm Active Max #360 quantity 6.00: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding the request for Flurbiprofen 10%/Amitriptyline 10%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% Lipoderm Active Max #360 quantity 6.00, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. 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. As such, the currently requested Flurbiprofen 10%/Amitriptyline 10%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2% Lipoderm Active Max #360 quantity 6.00 is not medically necessary.