

Case Number:	CM15-0140756		
Date Assigned:	07/30/2015	Date of Injury:	10/07/2014
Decision Date:	08/28/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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 46 year old male, who sustained an industrial injury on 10-07-2014. Diagnoses include status post surgery left knee. Treatment to date has included surgical intervention as well as conservative treatment including physical therapy, modified work and medications. Per the Primary Treating Physician's Progress Report dated 6-22-2015, the injured worker reported intermittent 7 out of 10 achy left knee pain, tingling and cramping. Physical examination revealed a negative McMurray's and no change since the last visit. Per the physical exam dated 5-08-2015, there was no change and flexion was 120 degrees out of 140 degrees. The plan of care included physical therapy and oral and topical compound medications and authorization was requested for Gabapentin 10% - Amitriptyline 10% - Bupivacaine 4% - Flurbiprofen 20% - Baclofen 5% - Dexamethasone 2% - Capsaicin 0.25% - 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25% 180 gm 30 day supply: Upheld

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

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 muscle relaxants such as Baclofen as well as topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, it was prescribed with oral muscle relaxants without justification for duplication. Since the compound above contains these topical medications, the compound in question is not medically necessary.