

Case Number:	CM15-0141201		
Date Assigned:	07/31/2015	Date of Injury:	05/28/2012
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56 year old female with a May 28, 2012 date of injury. A progress note dated July 1, 2015 documents subjective complaints (continues to have severe left knee pain with limited range of motion and inability to bear weight), objective findings (2+ effusion; marked limitation of range of motion and generalized joint line tenderness), and current diagnoses (end stage arthritis, medial compartment of the left knee; left knee status post arthroscopic chondroplasty and lateral meniscectomy). Treatments to date have included knee surgery, medications, and physical therapy. The treating physician documented a plan of care that included a topical analgesic (containing Ketoprofen 10%, Gabapentin 6%, Buprivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 2%), 300grams with 3 refills, applied 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical analgesic (containing Ketoprofen 10%, Gabapentin 6%, Buprivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 2%), 300grams with 3 refills, applied 3 times a day for eng-stage arthritis, S/P left knee arthroscopic chondroplasty and lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine or baclofen as a topical product. As at least one of the medications in the requested compounded medication is not recommended but the established guidelines, the request for Topical analgesic (containing Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2% and Hyaluronic Acid 2%), 300 grams with 3 refills, applied 3 times a day for end-stage arthritis, S/P left knee arthroscopic chondroplasty and lateral meniscectomy is determined to not be medically necessary.