

Case Number:	CM15-0145073		
Date Assigned:	08/06/2015	Date of Injury:	11/01/1998
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, who sustained an industrial injury on November 1, 1998. The mechanism of injury was not provided in the medical records. The injured worker has been treated for bilateral knee complaints. The diagnoses have included osteoarthritis of the knees. Treatment and evaluation to date has included medications and topical analgesics. The injured worker was not working. Most current documentation dated January 15, 2015 notes that the injured worker reported bilateral knee pain. The injured worker also noted that she did not get any relief from the gel. Examination of the bilateral knees revealed the range of motion of the right knee to be 115 degrees and the left knee 120 degrees. Both knees were noted to be stable. The treating physician's plan of care included requests for the compound creams: Flurbiprofen-Lidocaine-in a VersaPro base (dispensed on 1-15-15), Gabapentin-Amitriptyline-Capsaicin in a VersaPro base (dispensed on 1/15/15) and Cyclobenzaprine-Lidocaine in a VersaPro base (dispensed on 1/15/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine/Versapro base (dispensed on 1/15/15): 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): 111-113.

Decision rationale: The patient presents with pain affecting the bilateral knees. The current request is for Flurbiprofen/Lidocaine/Versapro base (dispensed on 1/15/15). The treating physician states in the partially legible report dated 1/15/15, "No Relief w/ gel." (18B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines only recommended lidocaine as a dermal patch not as not a cream. In this case, the treating physician as prescribe a cream that is not supported by the MTUS guidelines. The current request is not medically necessary.

Gabapentin/Amitriptyline/Capsaicin/Versapro base (dispensed on 1/15/15): 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): 111-113.

Decision rationale: The patient presents with pain affecting the bilateral knees. The current request is for Gabapentin/Amitriptyline/Capsaicin/Verapro base (dispensed 1/15/15). The treating physician states in the partially legible report dated 1/15/15, "No Relief w/ gel." (18B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation. In this case, the treating physician has prescribed a cream that is not supported by the MTUS guidelines. The current request is not medically necessary.

Cyclobenzaprine/Lidocaine/Versapro base (dispensed on 1/15/15): 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): 111-113.

Decision rationale: The patient presents with pain affecting the bilateral knees. The current request is for Cyclobenzaprine/Lidocaine/Versapro base (dispensed on 1/15/15). The treating physician states in the partially legible report dated 1/15/15, "No Relief w/ gel." (18B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111, it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines only recommended lidocaine as a

dermal patch not as not a cream and muscle relaxants are not supported by MTUS. In this case, the treating physician as prescribe a cream that is not supported by the MTUS guidelines. The current request is not medically necessary.