

<b>Case Number:</b>	CM15-0146395		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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:

The injured worker is a 32 year old male who sustained a work related injury February 21, 2014. While walking down the stairs on a job site, he tripped and fell and landed on his right knee. He continued to work and on March 3, 2014, while climbing steps he felt his knee give way and he fell on the right knee for a second time. Diagnoses are tear of medial and lateral meniscus of the right knee; bursitis of the right knee. Comorbid conditions include obesity. Treatment has included cortisone injections and acupuncture. MRI of the right knee performed April 15, 2014 revealed a horizontal tear of the posterior horn of the lateral meniscus and posterior body of the medial meniscus; joint effusion; lateral patellar tilt and subluxation; subcutaneous soft tissue edema anteriorly; and chondromalacia of the patella. According to a change of primary treating physician's progress report, dated May 6, 2015, the injured worker complained of intermittent moderate pain in the right knee with radiation into his calf. Examination of the right knee revealed 4+ spasm and tenderness to the right prepatellar tendon, vastus lateral is and popliteal fossa. Knee range of motion(active); flexion right 65, 130 degrees, extension right 0, 0 degrees, external rotation 25, 35 degrees, and internal rotation 10, 25 degrees, all are painful. McMurray's, Grinding, and Clarkes were positive on the right. At issue, is the request for authorization for a 3D MRI of the right knee, Flurbiprofen-Cyclobenzaprine-Baclofen- Lidocaine, and Lidocaine-Gabapentin-Ketoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 15 Percent, Cyclobenzaprine 2 Percent, Baclofen 2 Percent, Lidocaine 5 Percent 180 Grams with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Lidoderm, Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics Page(s): 41-2, 56-7, 67-74, 111-13. Decision based on Non-MTUS Citation Jorge LL, Feres CC, Teles VEP. Topical preparations for pain relief: efficacy and patient adherence. J Pain Res. 2011; 4: 11-24.

**Decision rationale:** Flurbiprofen-Cyclobenzaprine-Baclofen-Lidocaine cream is a combination product formulated for topical use. It is made up of flurbiprofen (a non-steroidal anti-inflammatory (NSAID) medication), cyclobenzaprine (a muscle relaxant), baclofen (an anti-spasticity agent), and lidocaine (an anesthetic). The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. The use of NSAIDs has been effective topically in short term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. Baclofen is indicated for oral use to treat muscle spasms caused by multiple sclerosis or spinal cord injuries but the MTUS does not recommend its use as a topical agent. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Since the topical use of baclofen and the use of lidocaine mixed with any other agent is not recommended by the MTUS, use of this entire preparation is not recommended. The request for use of this preparation is not medically necessary and has not been established.

**Lidocaine 6 Percent, Gabapentin 10 Percent, Ketoprofen 10 Percent 180 Grams with 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin, Lidoderm, NSAIDs (non-steroidal anti-inflammatory drugs), and Topical Analgesics Page(s): 16-22, 49, 56-7, 67-73, 111-13.

**Decision rationale:** Lidocaine-Gabapentin-Ketoprofen cream is a combination product formulated for topical use. It is made up of lidocaine (an anesthetic), gabapentin (an

anticonvulsant) and ketoprofen (a non-steroidal anti-inflammatory (NSAID) medication). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long-term use has not been adequately studied. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Since the topical use of gabapentin is not recommended by the MTUS and the topical use of lidocaine mixed with any other agent is not recommended by the MTUS, use of this entire preparation is not recommended. The request for use of this preparation is not medically necessary and has not been established.

### **3D MRI of the Right Knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-3, 347. Decision based on Non-MTUS Citation 1) American College of Radiology (ACR) Appropriateness Imaging Criteria for Acute Trauma to the Knee, 2008, Last Reviewed 20132) American College of Radiology (ACR) Appropriateness Imaging Criteria for Non-traumatic Knee Pain, 1995, Last Reviewed 20123) Disler DG, Peters TL, Muscoreil SJ, Ratner LM, Wagle WA, Cousins JP and Rifkin MD. Fat-suppressed spoiled GRASS imaging of knee hyaline cartilage: technique optimization and comparison with conventional MR imaging. AJR Oct 1994; 163(4): 887-892.

**Decision rationale:** Magnetic resonance imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the knee are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting neurovascular compromise. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or infection. 3D MRI allows for three dimensional viewing of the anatomy of the region scanned. For imaging of the knee this technique has the advantage over conventional MR imaging of the knee in that it can identify injuries to the articular cartilage. This patient has had a conventional MRI of the knee which demonstrates meniscal cartilage damage. Surgery is indicated and the patient has been referred for surgical evaluation. There was no documentation of a concern for possible articular cartilage injury. At this point in the care of this patient 3D MRI of the knee will add little information that cannot also be obtained via the proposed surgery and thus will not significantly change the proposed treatment. The request for this test is not medically necessary and has not been established.