

<b>Case Number:</b>	CM15-0147474		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, New York, 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 applicant is a represented 20-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 23, 2014. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve requests for a topical compounded agent and six sessions of physical therapy. The claims administrator referenced a June 17, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said June 17, 2015 RFA form, topical compounded agent and six sessions of physical therapy were sought. In an associated progress note of the same date, June 17, 2015, the applicant reported ongoing complaints of left and right knee pain. The applicant was asked to employ a TENS unit in conjunction with the topical compounded agent in question. MRI imaging of bilateral knees and six additional sessions of physical therapy was sought. The applicant was given extremely proscriptive limitation "no kneeling." It was not clearly stated whether the applicant was or was not working, however, although this did not appear to be the case. On May 19, 2015, the applicant reported ongoing complaints of worsening knee pain. MRI imaging of the bilateral knees was proposed and the topical compounded agent in question was again prescribed. Once again, the applicant was given a rather proscriptive limitation of "no kneeling" suggesting the applicant was not working. A home TENS unit and physical therapy were again sought. The applicant had recently undergone a functional capacity evaluation (FCE), the attending provider noted, the results of which were not clearly reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in a cream base #240gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** No, the request for an amitriptyline-gabapentin-bupivacaine-hyaluronic acid compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly state why the applicant could not employ what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first line oral pharmaceuticals in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.

**Physical therapy 2 times a week for 3 weeks, quantity: 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** Similarly, the request for six sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-session treatment for myalgias and myositis of various body parts, the diagnosis reportedly present, here, however, the applicant had had earlier unspecified amounts of physical therapy through the date(s) in question May 19, 2015 and June 17, 2015. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was given rather proscriptive work restrictions of "no kneeling" on office visits of June 17, 2015 and May 19, 2015. It did not appear that the applicant was working with said limitations in place. The applicant's knee pain complaints were described as worsening on both of those dates. Knee MRI imaging was sought. The applicant was asked to continue usage of the topical compounded agent also in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.