

<b>Case Number:</b>	CM15-0166703		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 61year old male who sustained an industrial-work injury on 9-13-12. He reported initial complaints of left knee pain. The injured worker was diagnosed as having osteoarthritis of leg, sprain-strain of knee and leg, joint pain, joint derangement of leg, chondromalacia patellae, internal derangement of knee, and sprain cruciate ligament of knee. Treatment to date has included medication, activity modification, physical therapy, knee brace, bilateral shoulder surgery, and left knee arthroscopic surgeries in 2012 and 2013. MRI results were reported on 6-2013. Currently, the injured worker complains of continuous left knee pain rated 8 out of 10. Per the primary physician's progress report (PR-2) on 6-10-15, exam noted use of a left knee brace, motor strength of 5 out of 5 left quad, deep tendon reflexes are normal and equal bilaterally at 2 out of 2, antalgic gait, and mild limp. There is reduced range of flexion to the left knee, tenderness to palpation to the anterior knee, muscle spasm of left anterior knee and positive McMurrays, valgus is negative, varus is negative, anterior drawer is positive, posterior drawer is negative, and compression test is positive. The requested treatment included (retro DOS: 6-10-15) HNPC1 Amitriptyline HCL 10%, gabapentin 10%, Bupivacaine HCL 5%, hyaluronic acid 0.25 in cream base, which was non-certified by Utilization Review on 8-5-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS: 6.10.15 HNPC1 - Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.25 in cream base: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for (retro DOS: 6-10-15) HNPCI Amitriptyline HCL 10%, gabapentin 10%, Bupivacaine HCL 5%, hyaluronic acid 0.25 in cream base for topical use, cannot be deemed medically necessary and appropriate.