

<b>Case Number:</b>	CM15-0198893		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

Certification(s)/Specialty: 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 34 year old male who sustained an industrial injury on 2-27-14. The diagnosis is noted as left knee sprain-strain. In a progress report dated 8-27-15, the physician notes complaint of left knee pain rated at 8-9 out of 10 with medication. (Pain 7-2-15 was rated at 5 out of 10 and 6-11-15 at 9 out of 10). Relief is noted with medication and rest. A moderate antalgic gait, mild limp and use of a cane for ambulation is noted. Objective findings of the left knee are reported as deep tendon reflexes of the lower extremity are 2+ out of 4, flexion is 90 degrees, and extension is 0 degrees. Tenderness to palpation and muscle spasm of the anterior, medial and posterior knee and a positive McMurray's test is noted. Previous treatment includes MRI-left knee 9-9-14 and medication. The treatment plan is Tramadol 50mg #120, Motrin 800mg #60 and compound topical creams. On 9-9-15, the requested treatment of Motrin 800mg #60, Compound: Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic Acid 0.2% in a cream base 240 grams and Compound: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in a cream base 240 grams was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Not to mention, Motrin is available without a prescription. This request for Motrin is not medically necessary.

**Compound: Flurbiprofen 20%/Baclofen 10%/Dexamethasone micro 0.2%/Hyaluronic acid 0.2% in cream base 240gm: Upheld**

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

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains Baclofen. MTUS guidelines specifically state regarding this topical muscle relaxant, Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen. Likewise, this request is not considered medically necessary.

**Compound: Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base 240gm: Upheld**

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

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Likewise, this request is not considered medically necessary.