

<b>Case Number:</b>	CM15-0205293		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 26 year old female with an industrial injury dated 03-05-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left knee chondromalacia, left knee internal derangement, and left knee sprain and strain. In a progress report dated 07-24-2015, the injured worker presented for follow up for left knee. The injured worker reported persistent complaints of left knee pain which has not improved following arthroscopy and near complete lateral meniscectomy performed in October of 2014. The injured worker reported persistent popping, clicking and pain with radiation down to the leg and up towards thigh. The injured worker also reported weight gain since surgery. Physical exam of left knee (07-24-2015) revealed pain with palpitation along the lateral joint line and crepitus with range of motion. According to a more recent progress note dated 08-27-2015, the injured worker reported continuous left knee pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (08-27-2015) revealed full motor strength, mild antalgic gait, mild limp, tenderness to palpitation of the anterior left knee, muscle spasm of anterior left knee and positive McMurray's sign. Treatment has included Magnetic Resonance Imaging (MRI) of the left knee, X-ray of the left knee, left knee surgery on 10-14-2014, activity modifications, prescribed medications (including Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base 240gms, Amitriptyline 10%-Gabapentin 10%-Bupivacaine dispensed on 08-27-2015), 12 sessions of physical therapy and periodic follow up visits. The injured worker was placed on temporary total disability. The utilization review dated 10-06-2015, non-certified the request for

Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base 240gms and one prescription for Amitriptyline 10%-Gabapentin 10%-Bupivacaine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base 240gms:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/ Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic acid 0.2% in cream base 240 grams. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Baclofen: not recommended. There is no peer-reviewed literature to support the use of topical baclofen." In this case, Baclofen is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.

**Amitriptyline 10%/Gabapentin 10%/Bupivacain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Amitriptyline 10%/Gabapentin 10%/Bupivacain. Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. Furthermore, the current request does not specify a quantity of Amitriptyline 10%/Gabapentin 10%/Bupivacain to be prescribed to the patient and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.