

<b>Case Number:</b>	CM15-0206950		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old female, who sustained an industrial injury on 10-30-13. She reported left knee pain. The injured worker was diagnosed as having status post left knee surgical intervention with synovectomy and with what appears to be a lateral partial meniscectomy, chondromalacia, and left peroneal nerve palsy. Treatment to date has included Orthovisc injections to the knee, Cortisone injections to the knee, use of a cane, physical therapy and topical medication. Physical examination findings on 9-21-15 included antalgic gait and left knee swelling with effusion. A 5-degree extension lag on the knee was noted and flexion was limited to 100 degrees with pain. Medial compartment discomfort and atrophy of the vastus medialis and medius muscles on the left was noted. On 9-21-15 the treating physician noted the "patient prefers topical pain creams and note the oral medications as they cause gastrointestinal symptoms." The injured worker's pain ratings were not included in the medical records provided. On 9-21-15, the injured worker complained of left knee pain. On 9-21-15, the treating physician requested authorization for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in cream base and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base. On 9-25-15 the requests were non-certified by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% In Cream Base:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines, the use of topical Baclofen is "not recommended. There is no peer-reviewed literature to support the use of topical Baclofen." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

**Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% In Cream Base:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines, the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.