

<b>Case Number:</b>	CM15-0207571		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/08/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

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 52 year old male with an industrial injury dated 07-08-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left knee medial meniscus tear, left knee pain, left knee sprain and strain. According to the progress note dated 09-08-2015, the injured worker reported left knee pain rated 7 out of 10 without medications and 4 out of 10 with medications. Pain was aggravated with activities such as kneeling, rising up from sitting, lifting, prolonged sitting, standing walking, ascending-descending stairs. It was relieved with rest and medication. Objective findings (09-08-2015) revealed muscle weakness to the left knee due to pain, painful range of motion, and tenderness to palpitation of the anterior left knee, lateral left knee, medial left knee and posterior left knee. Treatment has included Magnetic Resonance Imaging (MRI) of the left knee dated 08-14-2015, prescribed medications, work restrictions and periodic follow up visits. The injured worker was placed on temporary total disability. Treatment plan included trial TENs unit, hot & cold therapy unit, physical therapy, acupuncture, and medication management. The utilization review dated 10-05-2015, non-certified the request for HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025% and hyaluronic acid 0.2%) in cream base, 240gms and HNPC1 (Amitriptyline hydrochloride 10%, Gabapentin 10%, Bupivacaine hydrochloride 5%, and hyaluronic acid 0.2%) in cream base 240gms.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025% and hyaluronic acid 0.2%) in cream base, 240gms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/8/15) Topical Analgesics.

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

**Decision rationale:** The patient presents with left knee pain. The request is for HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone micro 0.2%, Capsaicin 0.025% and Hyaluronic Acid 0.2%) in cream base, 240GMS. Physical examination to the left knee on 08/26/15 revealed tenderness to palpation over the patella, and over the medial and lateral joint lines. Range of motion was noted to be decreased. Treatments to date have included image studies, medication, and physical therapy. Per 08/19/15 progress report, patient's diagnosis includes meniscus tear, medial, current left. Patient's medications, per 08/12/15 progress report include Voltaren Gel, Lidocaine Patch, Nabumetone, and Cyclobenzaprine. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication; no RFA was provided either. Review of the medical records provided did not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Hyaluronic acid which is not discussed in any of the guidelines for topical use, and Baclofen, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request is not medically necessary.

**HNPC1 (Amitriptyline hydrochloride 10%, Gabapentin 10%, Bupivacaine hydrochloride 5%, and hyaluronic acid 0.2%) in cream base 240gms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/8/15) Topical Analgesics.

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

**Decision rationale:** The patient presents with left knee pain. The request is for HNPC1 (Amitriptyline Hydrochloride 10%, Gabapentin 10%, Bupivacaine Hydrochloride 5%, and Hyaluronic Acid 0.2%) in cream base 240GMS. Physical examination to the left knee on 08/26/15 revealed tenderness to palpation over the patella, and over the medial and lateral joint lines. Range of motion was noted to be decreased. Treatments to date have included image studies, medication, and physical therapy. Per 08/19/15 progress report, patient's diagnosis includes meniscus tear, medial, current left. Patient's medications, per 08/12/15 progress report include Voltaren Gel, Lidocaine Patch, Nabumetone, and Cyclobenzaprine. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication. Review of the medical records provided did not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Hyaluronic acid which is not discussed in any of the guidelines for topical use, and Gabapentin, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request is not medically necessary.