

Case Number:	CM15-0021621		
Date Assigned:	02/23/2015	Date of Injury:	09/09/2013
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 62 year old female, who sustained an industrial injury on 9/9/2013. The diagnoses have included patellar tracking syndrome of the right knee, right lower extremity atrophy, chondromalacia patella on the left knee and sprain/strain of the lumbar spine. Treatment to date has included physical therapy, injections and pain medication. The injured worker underwent a right knee diagnostic arthroscopy, subtotal lateral meniscectomy, partial synovectomy and chondroplasty on 7/31/2014. According to the Primary Treating Physician's Progress Report dated 12/1/2014, the injured worker complained of pain in the right knee. She also complained of weakness in the right knee. It was noted that she had a recent cortisone injection that gave her relief. She reported that the therapy was helping with the strength. Exam of the right knee revealed a positive Clark's test and positive patellar grind test. There was tenderness in the medial and lateral joint line of the right knee. The left knee was tender over the medial and lateral joint compartments. The injured worker walked with an antalgic gait favoring the right knee using a single point cane on the left. Exam of the lumbar spine revealed tenderness at L3 through L5 and associated paraspinal muscles. On 1/6/2015, Utilization Review (UR) non-certified a request for compound medication: Gabapentin/Amitripty/Dextromet/Versapro, 30-day supply, Quantity 180 and compound medication: Menthol C/Camphor C/Versapro/Capsaicin/Flurbi 30-day supply, Quantity 180. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Gabapentin/Amitripty/Dextromet/Versapro, 30-Day supply, Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Compound Medication: Gabapentin/Amitripty/Dextromet/Versapro, 30-Day supply, Qty: 180 is not medically necessary and appropriate.

Compound Medication: Menthol C/Camphor C/Versapro/Capsaicin/Flurbi, 30-Day supply, Qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Compound Medication: Menthol C/Camphor C/Versapro/Capsaicin/Flurbi, 30-Day supply, Qty: 180 is not medically necessary and appropriate.

