

<b>Case Number:</b>	CM15-0043282		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Internal Medicine

### 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 39 year old male who sustained an industrial injury on 11/2/13 from a slip and fall causing him to fall forward landing on both of his knees. He was x-rayed revealing sprains and given knee brace and physical therapy and because of continued knee pain was sent for an orthopedic consult. Currently he complains of constant left knee pain, swelling, numbness and tingling with radiation down the leg and intermittent dull, throbbing right knee pain. The pain intensity bilaterally is 6/10. His activities of daily living are limited. The injured worker has relief with physical therapy. Medications include Tylenol over the counter and naproxen. Diagnoses include right and left knee pain/ strain; left knee internal derangement; rule out right knee meniscus tear; status post surgery left knee (7/15/14). Treatments to date include physical therapy, home exercise program, knee brace, and extracorporeal shockwave therapy. Diagnostics include MRI of the left knee (10/21/14) revealing medial meniscus tear, patellar chondromalacia, knee joint effusion; MRI of the right knee (5/2/14); neurodiagnostics lower extremity (10/14/14). In the progress note dated 1/30/15 the treating provider requested capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, Menthol 2%, Camphor 2% apply to left and right knee and gabapentin 15%, amitriptyline 4%, dextromethorphan 10% for the left and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin, Flurbiprofen, Gabapentin, Menthol, Camphor, VersaPro / Gabapentin, Amitriptyline, Dextromethorphan, VersaPro: 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 111-113. Capsaicin, topical Page 28-29. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Decision based on Non-MTUS Citation Mayo Clinic Proceedings - Topical Analgesics in the Management of Acute and Chronic Pain, Volume 88, Issue 2, February 2013 [http://www.mayoclinicproceedings.org/article/S0025-6196\(12\)01170-6/fulltext](http://www.mayoclinicproceedings.org/article/S0025-6196(12)01170-6/fulltext).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Mayo Clinic Proceedings article titled Topical Analgesics in the Management of Acute and Chronic Pain (2013) describes the results of a systematic review of the efficacy of topical analgesics in the management of acute and chronic pain conditions, including topical Amitriptyline, and concluded that limited evidence is available to support the use of topical Amitriptyline in acute and chronic pain. FDA guidelines indicate that Dextromethorphan is an anti-tussive cough suppressant that is indicated for the management of cough. Medical records indicate a history of knee complaints. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product containing Gabapentin is not supported by MTUS guidelines. Therefore, the request for a topical product containing

Gabapentin, Flurbiprofen (NSAID), Capsaicin, Menthol, Camphor, Amitriptyline, Dextromethorphan, and VersaPro is not medically necessary.