

Case Number:	CM15-0085816		
Date Assigned:	05/08/2015	Date of Injury:	06/10/2013
Decision Date:	06/11/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 44-year-old male, who sustained an industrial injury on 6/10/13. The injured worker has complaints of right knee pain and left knee pain, compensatory. The injured worker has tenderness of the right knee diffusely and right knee range of motion remains limited and crepitance with range of motion assessment. The diagnoses have status post strain and twisting injury to the right knee on 6/18/13; included status post right knee arthroscopy; moderate to severe chondromalacia patella, right and compensatory left knee pain, rule out meniscal pathology. Treatment to date has included right knee arthroscopy in July 2013; transcutaneous electrical nerve stimulation unit; magnetic resonance imaging (MRI) of the right knee on 2/26/15; magnetic resonance imaging (MRI) of the left knee of 2/27/15; laboratory studies on 4/10/15 showed a high hemoglobin A1ca, glucose and plasma level; arthroscopy to the right knee with extensive synovectomy and debridement of synovium and synovial biopsy on 7/13/13; successful trial of topical non-steroidal anti-inflammatory drugs (NSAIDs); tramadol extended release; pantoprazole and naproxen. The request was for ketoprofen 10% gabapentin 6% bupivacaine 5% fluticasone 1% baclofen 2% cyclobenzaprine 2% clonidine 0.2% and hyaluronic acid 0.2% in base 300 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10% Gabapentin 6% Bupivacaine 5% Fluticasone 1% Baclofen 2%
Cyclobenzaprine 2% Clonidine 0.2% and Hyaluronic Acid 0.2% in base 300 grams with
3 refills: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short-term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.