

<b>Case Number:</b>	CM14-0143492		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/10/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported an injury on 10/10/2003 due to an unknown mechanism. Diagnoses were tear of medial cartilage or meniscus of knee current, knee joint replacement, and depressive disorder. Past treatments were medications and lumbar epidural steroid injections. The injured worker recently had an epidural steroid injection with a 60% improvement. The physical examination on 07/21/2014 revealed no decrease in sensory sensation. There was muscle spasm noted in the right lumbar spine. Deep tendon reflexes were +2. Medications were ketoprofen 25%. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 550mg/Acety-L-/Carnite 75mg#90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430690/L-Acetylcaritine: A Proposed Therapeutic Agent for Painful Neuropathies>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Gabapentin Page(s): 16.

**Decision rationale:** The decision for gabapentin 550 mg/Acety-L-/Carnite 75 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

**Flurbiprofen 25%/ Lidocaine 5%/ Menthol 5%/ Camphor 1% 180gm tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Flurbiprofen, Topical Analgesics Page(s): 72, 111. Decision based on Non-MTUS Citation National Library National Institute of Health database.

**Decision rationale:** The decision for flurbiprofen 25%/lidocaine 5%/menthol 5%/camphor 1%/180 gm tube is not medically necessary. The California Medical Treatment Utilization Schedule indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. 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. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solutions. A search of the National Library National Institute of Health database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Therefore, the request is not medically necessary.

**Tramadol 15%/ Dextromethorphan 10%/ Capsaicin .25%, 30gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/14982566> Acta Anaesthesiol Scand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111, 28. Decision based on Non-MTUS Citation FDA.gov.

**Decision rationale:** The decision for tramadol 15p/dextromethorphan 10%/capsaicin 0.25% 30 gm is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product

that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is only recommended as an option in patients who have not responded to or are intolerant of other treatments. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. Therefore, the request is not medically necessary.