

<b>Case Number:</b>	CM14-0147990		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Pain Management 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 54 year old male with a date of injury of June 3, 2010. It was stated that he was injured while cleaning the attic in his employer's home. He was standing on a ladder when it slipped and fell to the floor. He was unsure if he twisted his knee or hit it after he felt the crack in his right knee, which eventually became swollen. His treatments to this date include bracing, medications, physical therapy, acupuncture, and shockwave therapy. In a recent progress note dated July 3, 2014, it was indicated that he was status post right knee arthroscopy. However, it was also indicated that the surgery did not seem to help him very much as he noticed that he can only get down on his knees for a short period of time. He complained of having diffused pain in the knee as well as having mechanical symptoms, although he walked normally. On examination of the right knee, a small effusion was noted. He has full extension and 140 degrees of flexion. With maximal flexion, most of his pain was located anterolateral. Authorization for Synvisc injection to the right knee was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Rx Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% qty 180 grams: Upheld**

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

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

**Decision rationale:** As per the California Medical Treatment Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records received for review, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not medically necessary. While this topical analgesic contains lidocaine, which is recommended as topical agents, it also constitutes gabapentin and cyclobenzaprine which are not recommended by guidelines as there was no peer-reviewed literature to support its use. Hence, the prescription of gabapentin 10%/cyclobenzaprine 1%, lidocaine 5% 180 grams is not medically necessary.

**1 Rx Capsaicin 0.0375%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% qty 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule chronic pain guidelines indicate that topical analgesics are not medically necessary. When one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are only recommended when trials of antidepressants and anti-convulsants have failed. The guidelines deem that one of the ingredients in the requested compound (capsaicin) is recommended only in cases of intolerance and/or failure of first-line analgesics. In this case, there was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications. It is recommended for short-term use between 4 to 12 weeks. Topical treatment can result in blood concentrations similar to oral forms. Since Flurbiprofen is included in this topical cream and a non-steroidal anti-inflammatory drug is not indicated, any compound product that contains at least one drug that is not recommended is not medically necessary. Based from the medical records available, it did not appear the injured worker has a diagnosis that would indicate a need for Flurbiprofen. Moreover, camphor and menthol are not addressed by the guidelines. Therefore, it can be concluded that 1 capsaicin 0.0375%, Flurbiprofen 5%, tramadol 6.5%, menthol 2%, camphor 2% 180 grams is not medically necessary.