

<b>Case Number:</b>	CM14-0180590		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old who had a work injury dated 5/27/08. The diagnoses include right knee mono arthritis advanced and status post right total knee arthroplasty 11/18/13. Under consideration are requests for retrospective. Flurbiprofen / Tramadol / Gabapentin / Amitriptyline / Dextromethorphan for the bilateral knees dispensed on 8/15/14. There is a 6/24/14 secondary treating physician report that states that the patient has history of a previous right total knee arthroplasty on 11/18/13. The knee pain level was mild and rarely moderate but was decreasing. The patient was taking medications including tramadol for the knee pain, which provided satisfactory relief; however, he was having more lateral leg pain lately. He was noted not to be working. On exam the right knee incision was healed along with some mild to moderate swelling; extension range of motion was 3; flexion was 110; knee extension strength was 4/5; and otherwise physical examination was unremarkable. The right knee x-rays on 04/29/14 reportedly revealed satisfactory alignment and fixation of cemented total knee arthroplasty. The treatment plan included follow up in 4 to 6 weeks with new right knee x-rays, home exercises continue pain medications of tramadol, ice to the operative knee as needed, elevation of the operative extremity as needed, and continue outpatient physical therapy treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen/Tramadol/Gabapentin/Amitriptyline/Dextromthorphan for the bilateral knees dispensed on 8/15/14: 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:** The request for retrospective Flurbiprofen/Tramadol/Gabapentin/Amitriptyline/Dextromethorphan for the bilateral knees dispensed on 8/15/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend topical Gabapentin as there is no evidence in the literature to support the use of this medication. The guidelines do not support topical Tramadol, Amitriptyline or Dextromethorphan. The guidelines state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not present an extenuating circumstance that would require this patient to go against guideline recommendations. Therefore, this request is not medically necessary.