

<b>Case Number:</b>	CM14-0094390		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/03/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty 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:

According to the records made available for review, this is a 69-year-old male with a 5/3/01 date of injury, and status post left and right total knee arthroplasty (undated). At the time (4/25/14) of request for authorization for retrospective request for 1 GabaTramadol 240 gm jar (gabapentin powder 10%, tramadol 20%, microderm) prescribed on 4/25/201 and dispensed on 5/6/2014 and retrospective request for 1 TGHOT 240gm jar (capsaicin 0.5%, menthol 2%, camphor 2%, gabapentin 10%) prescribed on 4/25/201 and dispensed on 5/6/2014, there is documentation of subjective (right knee pain located posteriorly with excessive bending, pain described as aching and stabbing with pins and needles, left knee also bothers him at times, but not as much as the right) and objective (antalgic gait, severe tenderness to palpation over the medial and lateral aspect of the knee, hamstring tenderness present, patellar tracking abnormal, patellar grind maneuver positive, effusion present, swelling present, and positive McMurray's, Drawer's test, Lachman Instability, Varus-Valgus stress test, and Instability test) findings, current diagnoses (lumbar pain compensatory to knee injury, status post total knee arthroplasty, left knee, and status post total knee arthroplasty, right knee), and treatment to date (medications (including hydrocodone, diclofenac, and topical pain medications)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 GabaTramadol 240 gm jar (gabapentin powder 10%, tramadol 20%, microderm) prescribed on 4/25/201 and dispensed on 5/6/2014: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar pain compensatory to knee injury, status post total knee arthroplasty, left knee, and status post total knee arthroplasty, right knee. However, the requested retrospective request for 1 GabaTramadol 240 gm jar (gabapentin powder 10%, tramadol 20%, microderm) prescribed on 4/25/201 and dispensed on 5/6/2014 contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 1 GabaTramadol 240 gm jar (gabapentin powder 10%, tramadol 20%, microderm) prescribed on 4/25/201 and dispensed on 5/6/2014 is not medically necessary.

**Restrospective request for 1 TGHot 240gm jar (capsaicin 0.5%, menthol 2%, camphor 2%, baapentin 10%) prescribed on 4/25/201 and dispensed on 5/6/2014:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar pain compensatory to knee injury, status post total knee arthroplasty, left knee, and status post total knee arthroplasty, right knee. However, the requested retrospective request for 1 TGHot 240gm jar (capsaicin 0.5%, menthol 2%, camphor 2%, gabapentin 10%) prescribed on 4/25/201 and dispensed on 5/6/2014 contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 1 TGHot 240gm jar (capsaicin 0.5%, menthol 2%, camphor 2%, gabapentin 10%) prescribed on 4/25/201 and dispensed on 5/6/2014 is not medically necessary.

