

<b>Case Number:</b>	CM14-0214143		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 reported an injury on 08/12/2014. The mechanism of injury was not specified. His diagnoses included left knee internal derangement, knee chondromalacia patella, knee sprain/strain, and rule out left meniscus tear. Past treatments were noted to include medications and injections to the left knee. Diagnostic studies were noted to include an official MRI of the left knee which was noted to reveal mild effusion within the left knee joint and bursa, oblique signal within the posterior horn of the medial meniscus communicated with the inferior articular surface with small degenerative focus; otherwise, normal magnetic resonance imaging study of the left knee with the left meniscus, cruciate, and collateral ligaments appearing intact. The documentation dated 12/10/2014 indicated the patient complained of constant pain to the left knee described as sharp, shooting, and aching rated 9/10 to 10/10 with numbness and tingling in the lower leg. It was noted that the patient reported that his pain level was without taking his prescribed pain medication. Physical examination of the left knee revealed moderate tenderness to palpation at the medial parapatella, lateral parapatella, and medial joint line. Positive Apley's grinding test, McMurray's test with interior rotation and McMurray's test with exterior rotation were also noted. It was noted that the patient reported his knee continues to give out on him. The left knee range of motion was rated as flexion to 125 degrees, extension to 0 degrees, internal rotation and external rotation both to 10 degrees. The patient's current medications were noted to include Ultram ER 50 mg, frequency not specified. The treatment plan included an in office injection with 20 mg of Depo-Medrol to the left knee. The request was for MEDS x1: topical creams - Lidicaine 6%/ Gabapentin 10%/ Ketoprofen

10% 120gm x3 refills and Consider arthroscopic knee surgery, LT. The rationale for the request and the Request for Authorization form were not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MEDS x1: topical creams - Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10% 120gm x3 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The request for MEDS x1: topical creams - Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10% 120gm x3 refills is not medically necessary. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The requesting compounding medication contains Lidocaine and gabapentin. Guidelines indicate that topical lidocaine in the formulation of a dermal patch is the only commercially approved topical formulation of Lidocaine. The guidelines also indicate that gabapentin is not recommended due to there being no peer reviewed literature to support it. As the requested compounded medication contains drugs that are not recommended, it is not supported by guidelines. As such, the request for MEDS x1: topical creams - Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10% 120gm x3 refills is not medically necessary.

**Consider arthroscopic knee surgery, LT.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** The request for arthroscopic knee surgery, LT is not medically necessary. The California MTUS/ACOEM Guidelines state that referral of surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review failed to provide evidence of significant functional deficit in the patient, exceptional factors, or significant objective physical exam findings to suggest significant pathology. There is a lack of documentation to evidence the injured worker's participation in conservative treatment prior to the request including physical therapy or a home exercise program to increase range of motion and strength. Additionally, diagnostic studies of the left knee fail to provide imaging evidence of significant pathology. In the absence of this

information, the request is not supported. As such, the request for Consider arthroscopic knee surgery, LT is not medically necessary.