

Case Number:	CM15-0112625		
Date Assigned:	06/19/2015	Date of Injury:	12/13/2013
Decision Date:	07/22/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/11/2015

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: Preventive Medicine, Occupational 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 20 year old male, who sustained an industrial injury on 12/13/13. He has reported initial complaints of a left knee injury. The diagnoses have included status post left knee surgery with residual pain and rule out left knee internal derangement. Treatment to date has included medications, activity modifications, off work, consultation, physical therapy, surgery, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 3/19/15, the injured worker is status post left knee surgery done 5/8, 14, with residual pain. The pain is rated 10/10 on pain scale and described as constant and severe and aggravated with activity. The injured worker states that the symptoms persist but that the medications do offer him temporary relief of pain and improved sleep. The physical exam of the left knee reveals well healed surgical scar over the left knee, secondary to prior surgery. There is tenderness to palpation over the medial and lateral joint line and the patella-femoral joint. The range of motion of the left knee with flexion is 120 degrees and extension is -5 degrees. The neurological exam of the bilateral lower extremities reveals decreased sensation to pinprick and light touch in the left lower extremity (LLE) and motor strength is 4/5 in the left lower extremity (LLE) secondary to pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 11/26/14 that reveals tearing of the medial meniscus, status post anterior cruciate ligament (ACL) repair, and articular cartilage loss. There is also an electromyography (EMG)/nerve conduction velocity studies (NCV) test of the lower extremities. The current medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol topical, Cyclobenzaprine and Gabapentin. There is no previous urine drug

screen noted in the records. The physician requested treatment/ treatments include/ included Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% apply a thin layer to affected area (3) times a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% apply a thin layer to affected area (3) times a day for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% apply a thin layer to affected area (3) times a day for pain is not medically necessary.