

Case Number:	CM15-0114155		
Date Assigned:	06/22/2015	Date of Injury:	06/12/2014
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old male who sustained an industrial injury on 6/12/14 from a trip and fall causing him to land on a metal portion of the floor lacerating his right knee. He was medically evaluated and underwent an MRI of his right knee, which revealed a meniscus complex tear. He had x-rays of his bilateral knees and MRI of the left knee, which showed a torn meniscus .On 10/16/14 he underwent a right knee arthroscopy but physical therapy was, denies. He currently complains of continuous right and left knee pain with a pain level of 3-8/10. On physical exam of the right and left knee there was tenderness on palpation of anterior knees with muscle spasm of the right knee. Diagnoses include right knee chondromalacia; right knee internal derangement; status post- surgery of the right knee; left knee chondromalacia; left knee internal derangement. Treatments to date include physical therapy. On 6/9/15 Utilization review evaluated requests for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone 0.2%, Capsaicin 0.025%, Hyaluronic 0.2% #1; Amitriptyline 10%, gabapentin 10%, Bupivacaine HCO 5%, Hyaluronic Acid 0.2% 240 GM #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbi 20% Baclo 5% Camphor 2% Menthol 2% Dexameth 0.2%, Caps 0.025% Hyal 0.2% Qty: 1.00 (DOS 05/11/2014): 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS states that topical Baclofen is "Not recommended." As such the request for Retro Flurbi 20% Baclo 5% Camphor 2% Menthol 2% Dexameth 0.2%, Caps 0.025% Hyal 0.2% Qty: 1.00 (DOS 05/11/2014) is not medically necessary.

Retro Amitriptyline 10% , Gabapentin 10% , Bupivacaine HCO 5%, Hylauronic Acid 0.2% 240gm Qty: 1.00 (DOS 05/11/2014): 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. Anesthesiology. 2005; 103: 140-6) and find that "This randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Retro Amitriptyline 10% , Gabapentin 10% , Bupivacaine HCO 5%, Hylauronic Acid 0.2% 240gm Qty: 1.00 (DOS 05/11/2014) is not medically necessary.