

<b>Case Number:</b>	CM15-0114196		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old male, who sustained an industrial injury on 10/12/12. He reported slipping on wet surface and falling on right side, fracturing right hip. The injured worker was diagnosed as having lumbar muscle spasm, lumbar sprain/strain, status post-surgery of right hip, status post ORIF right hip, right knee chondromalacia, right knee internal derangement, left knee chondromalacia and left knee internal derangement. Treatment to date has included topical creams, oral medications including opioids, repair of fracture of right hip, acupuncture therapy, physical therapy, home exercise program and activity restrictions. (MRI) magnetic resonance imaging of the right knee performed on 1/27/15 revealed thinned cartilage of the medial femoral condyle and medial tibial plateau, globular increased signal in anterior and posterior horn of the medial meniscus, thinned cartilage of the patella and femoral trochlea with narrowing of joint space, knee joint effusion and edema of the subcutaneous tissue overlying the knee joint and proximal tibia. (MRI) magnetic resonance imaging of lumbar spine performed on 2/20/15 revealed disc desiccation at T12/L1, hemangioma at L1, L2-3 diffuse disc herniation, L3-4, L4-5 and L5-S1 broad based disc herniation with hypertrophy. Currently, the injured worker complains of moderate achy right hip pain aggravated by walking and constant moderate achy right knee and left knee pain. Physical exam noted restricted range of motion of lumbar spine with tenderness to palpation of lumbar paravertebral muscles and spasm of lumbar paravertebral muscles, slight restriction of range of motion of right knee and tenderness to palpation of the anterior knee with muscle spasm of anterior knee and tenderness to palpation of anterior left knee with muscle spasm of the anterior knee. A request for authorization was submitted for Norco and compounds: Gabapentin/Amitriptyline/Bupivacaine and Flurbiprofen/Baclofen /Dexamethasone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of topical compound Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2% Capsaicin 0.025% Hyaluronic acid 0.2% in cream base 240 grams: 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 rationale:** This 66 year old male has complained of low back pain, knee pain and hip pain since date of injury 10/12/12. He has been treated with surgery, acupuncture, physical therapy and medications. The current request is for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 240 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 240 grams is not indicated as medically necessary.

**1 prescription of topical compound Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240 grams: 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 rationale:** This 66 year old male has complained of low back pain, knee pain and hip pain since date of injury 10/12/12. He has been treated with surgery, acupuncture, physical therapy and medications. The current request is for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240 grams. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240 grams is not indicated as medically necessary.