

<b>Case Number:</b>	CM15-0127798		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 32 year old female, who sustained an industrial injury on 5/27/13. Initial complaints were left knee and left shoulder/arm after a slip and fall injury. The injured worker was diagnosed as having left knee chondromalacia; left knee patellar tendinitis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left knee (11/25/13). Currently, the PR-2 notes dated 5/26/15 indicated the injured worker complains of left knee constant sever throbbing, burning left knee pain radiating to the leg to the foot with numbness and weakness rating the pain at 8/10. On examination of the left knee, the provider notes flexion 100/140 degrees and the pain has increased since her last visit. There is tenderness to palpation of the anterior knee, medial knee and posterior knee. McMurry's causes pain and Apley's compression causes pain. She has not had any surgical intervention. A MRI of the left knee dated 11/25/13 was submitted in these records reported as unremarkable. The provider is requesting authorization of MRI left knee and Compound Cream: Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** Patient underwent an MRI of the left knee on 11/25/13 that was unremarkable. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. MRI of the knee is not medically necessary.

**Compound Cream: Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base 180gm:** 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 9792.20 - 9792.26 Page(s): 111-113.

**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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compound Cream: Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base 180gm is not medically necessary.