

Case Number:	CM15-0174353		
Date Assigned:	09/16/2015	Date of Injury:	09/17/2007
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, Florida, 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:

This is a 69-year-old male worker who was injured on 9-17-2007. The medical records reviewed indicated the injured worker (IW) was treated for knee arthroscopy and knee in joint, lower leg. A physical therapy evaluation (6-29-15) stated the IW had complaints of left knee pain and stiffness which was increased with weight bearing activities or prolonged standing. He had complaints of knee buckling, swelling at the mid knee with numbness and tingling in the lower leg. Medications, ice and rest improved the pain. The progress notes (7-7-15) indicated the IW had constant moderate to severe left knee pain rated 7 out of 10 with pain, numbness and tingling radiating to the foot. Standing, walking and climbing or descending stairs aggravated the pain. Medications temporarily relieved his pain and allowed for improved sleep; activity restrictions also alleviated his pain. On physical examination (7-7-15 and 8-11-15) there was 2+ effusion in the left knee. He could squat to 15% of normal due to pain. There was tenderness over the surgical portals, at the patellofemoral joint and over the medial and lateral joint lines. Flexion was 125 degrees and extension was -20 degrees. Muscle strength was 3+ out of 5. He was able to walk 15 minutes before pain interfered. He reported less pain and more movement with physical therapy (at least 8 visits). A Request for Authorization was received for Cyclobenzaprine 2%, gabapentin 15% and Amitriptyline 10%, 180gms. The Utilization Review on 8-14-15 non-certified the request for Cyclobenzaprine 2%, gabapentin 15% and Amitriptyline 10%, 180gms, as the treatment is not supported by the CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This claimant was injured in 2007. The medical records reviewed indicated the injured worker (IW) was treated for knee arthroscopy and knee in joint, lower leg. Per the Chronic Pain Medical Treatment Guidelines Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.