

Case Number:	CM15-0176963		
Date Assigned:	09/17/2015	Date of Injury:	01/12/2015
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 71 year old male, who sustained an industrial injury on 1-12-2015. He reported a twisting injury to the right knee. Diagnoses include knee contusion, knee sprain-strain, and knee-patella pain, and right knee medial meniscus tear. Treatments to date include activity modification, anti-inflammatory, NSAID, and physical therapy. The injured worker was evaluated by an orthopedic surgeon on 4-28-15. He reported increasing right knee pain and swelling. The physical examination documented decreased range of motion, effusion, and medial joint line tenderness with a positive McMurray's sign. The plan of care included a right knee surgery. Currently, he complained of ongoing right knee pain. On 6-30-15, the physical examination documented right knee edema. The appeal requested authorization of a prescription for a topical compound cream containing Gabapentin 15%; Amitriptyline 3%; and Dextromethorphan 10%. The Utilization Review dated 8-21-15, denied the request stating, "Based on California MTUS Chronic Pain Medical Treatment Guidelines containing Gabapentin, Amitriptyline and Dextromethorphan would not be indicated."

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%: 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: The patient was injured on 01/12/15 and presents with right knee pain. The request is for GABAPENTIN 15%, AMITRIPTYLINE 4%, DEXTROMETHORPHAN 10%. The RFA is not provided and the patient's current work status is not provided either. MTUS Guidelines, Topical Analgesics NSAIDs section, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient is diagnosed with knee contusion, knee sprain-strain, and knee-patella pain, and right knee medial meniscus tear. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream is not medically necessary.