

<b>Case Number:</b>	CM15-0179634		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/31/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial-work injury on 5-31-11. She reported initial complaints of bilateral knee pain. The injured worker was diagnosed as having head pain, headache, cervical musculoligamentous strain-sprain, cervical spine disc protrusion, thoracic musculoligamentous strain-sprain, lumbosacral musculoligamentous strain-sprain, lumbar spine disc protrusion, bilateral shoulder strain-sprain, bilateral elbow sprain-strain and epicondylitis, bilateral wrist strain-sprain and carpal tunnel syndrome, bilateral knee strain-sprain, bilateral patellofemoral arthralgia, bilateral ankle strain-sprain, depression, and insomnia. Treatment to date has included medication, acupuncture treatment, and surgery (left knee on 3-4-14 and right knee on 9-22-14). Currently, the injured worker complains of bilateral knee pain associated with giving way and limited range of motion. It is rated 7 out of 10 on the pain scale and described as aching, sharp, stabbing, burning, and shooting. Pain would increase to 9 out of 10 with activities. Per the QME (qualified medical evaluation) report on 8-28-15, exam noted well healed scars, a flexion contracture and valgus deformity of the right knee, tenderness to palpation over the anterior, posterior, lateral, and medial aspects bilaterally, tenderness to palpation over the right lateral joint line and bilateral joint lines, crepitus with range of motion (R>L), positive patellofemoral grind and McMurray's test bilaterally, motor strength of 4 out of 5 to the knee flexor and extensors. The Request for Authorization requested service to include Flurbiprofen 20 percent, Lidocaine 5 percent and Amitriptyline 5 percent 120gm and Gabapentin 10 percent, Cyclobenzaprine 6 percent and Tramadol 10 percent 180mg. The Utilization Review on 8-26-15 denied the request for Flurbiprofen 20 percent, Lidocaine 5 percent and Amitriptyline

5 percent 120gm and Gabapentin 10 percent, Cyclobenzaprine 6 percent and Tramadol 10 percent 180mg, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009. The patient sustained the injury due to trip and fall incident. The patient had received an unspecified number of the PT visits for this injury. The patient had used a walker for this injury. The medication list includes compound topical medication. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20 percent, Lidocaine 5 percent and Amitriptyline 5 percent 120gm: 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:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. There is no objective consistent evidence of the presence of neuropathic pain in this patient. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Flurbiprofen is a NSAID. Per the cited guidelines, "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." Amitriptyline is an antidepressant. Per the cited guidelines, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants... There is little to no research to support the use of many of these agents." Therefore, topical amitriptyline is not recommended by the cited guidelines. Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical flurbiprofen and amitriptyline are not recommended in this patient for this diagnosis as cited. The medical necessity of the medication Flurbiprofen 20 percent, Lidocaine 5 percent and Amitriptyline 5 percent 120gm is not fully established in this patient. The request is not medically necessary.

**Gabapentin 10 percent, Cyclobenzaprine 6 percent and Tramadol 10 percent 180mg: 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:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The muscle relaxant Cyclobenzaprine in topical form is not recommended by MTUS. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin and Cyclobenzaprine are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for Gabapentin 10 percent, Cyclobenzaprine 6 percent and Tramadol 10 percent 180mg is not fully established in this patient. The request is not medically necessary.