

<b>Case Number:</b>	CM15-0078707		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Pain Management

### 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 54 year old, female who sustained a work related injury on 7/3/13. The diagnoses have included rule out right carpal tunnel syndrome, rule out left wrist internal derangement and rule out left and right knees meniscus tears. The treatments have included medicated compound creams, use of wrist splints, oral medications, chiropractic treatments, acupuncture, Extracorporeal Shockwave Therapy, and TENS unit therapy. In the PR-2 dated 3/24/15, the injured worker complains of frequent, moderate, sharp, stabbing bilateral wrists pain with numbness and tingling. She complains of frequent, moderate, sharp, stabbing bilateral knees pain with numbness and tingling. The treatment plan is requests for medicated compound creams and an orthopedic surgeon referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15% Amitriptyline 4% Dextrometorphan 10% 180gm per 03/24/15 quantity**  
**1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for gabapentin/amitriptyline/dextromethorphan, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Gabapentin is not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested gabapentin/amitriptyline/dextromethorphan is not medically necessary.

**Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2%, Camphor 2% 180gm per 03/24/15 quantity 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for capsaicin/flurbiprofen/gabapentin/menthol/camphor, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested capsaicin/flurbiprofen/gabapentin/menthol/camphor is not medically necessary.

**Referral to an Orthopedic Surgeon for consultation left knee per 03/24/15 quantity 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has chronic knee pain with a positive McMurray's sign. There is a pending knee MRI, but regardless of the outcome, the management of this condition is outside of the scope of the requesting provider. Therefore, the currently requested consultation is medically necessary.