

<b>Case Number:</b>	CM15-0092781		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60-year-old female with an industrial injury dated 5/24/2011. The injured worker's diagnoses include status post right knee arthroscopy, 2012, partial tear anterior cruciate ligament of right knee, medial meniscus tear of right knee, right knee osteoarthropathy, right S1 radiculopathy and lumbar spondylolisthesis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/10/2015, the injured worker reported right knee pain rated a 8/10 and low back pain rated a 5/10. The injured worker reported failed antiepileptic drug and antidepressant in regards to neuropathic/radicular pain. Objective findings revealed tenderness of right knee, medial and lateral joint line. Positive straight leg raise on the right, positive anterior drawer sign, tenderness of lumbar spine with spasm were also noted on exam. The treating physician prescribed Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Fluticasol (made of Ketoprofen, Gabapentin, Bupivacaine HCL, Fluticasone Propionate, Baclofen, Cyclobenzaprine HCL, Clonidine hCL, Sodium Haluronate, Stera Base, Ethoxy Diglycol, Ethyl Alcohol) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Fluticasol (made of Ketoprofen, Gabapentin, Bupivacaine HCL, Fluticasone Propionate, Baclofen, Cyclobenzaprine HCL, Clonidine hCL, Sodium Haluronate, Stera Base, Ethoxy Diglycol, Ethyl Alcohol): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Ketoprofen 10%, Gabapentin 6%, Bupivacaine HCL 5%, Fluticasol (made of Ketoprofen, Gabapentin, Bupivacaine HCL, Fluticasone Propionate, Baclofen, Cyclobenzaprine HCL, Clonidine hCL, Sodium Haluronate, Stera Base, Ethoxy Diglycol, Ethyl Alcohol) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in 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. The guidelines state that topical Gabapentin is not supported as there is no evidence to support its use topically. Cyclobenzaprine or Baclofen are not recommended topically for chronic pain by the MTUS. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. 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. The guidelines do not support topical Gabapentin, Baclofen, Cyclobenzaprine. There are no extenuating circumstances in the documentation submitted that would necessitate going against guideline recommendations. Therefore, the requested medical treatment is not medically necessary.