

<b>Case Number:</b>	CM15-0095535		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Hawaii  
 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 62 year old male, who sustained an industrial injury on 12/10/13. The injured worker was diagnosed as having knee pain. Treatment to date has included left knee partial meniscectomy, physical therapy and pain management. Currently, the injured worker complains of continued postoperative anterior/portals incisional pain of left knee. Physical exam noted ambulation without antalgia or difficulty and moves easily y out of a chair and an unremarkable exam. The treatment plan included a trial of Cymbalta and topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound: Diclofenac 3%/Baclofen 2%/Cycl:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Diclofenac 3%/Baclofen 2%. The treating physician states, "He uses Lidoderm and Diclofenac." The MTUS guidelines state, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." In this case, the treating physician has not documented that the patient has osteoarthritis affecting the knee and MTUS does not support muscle relaxants in topical formulation. The current request is not medically necessary and the recommendation is for denial.

**Topical compound: Gabapentin 6%/Lidocaine 5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with left knee pain. The current request is for Topical Compound: Gabapentin 6%/Lidocaine 5%. The treating physician states, "We discussed trial of topical medications." (18B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111 it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation and lidocaine is not supported in cream or gel formulation. The current request is not medically necessary and the recommendation is for denial.