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| Case Number: | CM14-0150925 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 06/15/2012 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 54 year old employee with date of injury of 6/15/2012. Medical records indicate the patient is undergoing treatment for knee sprain/strain, knee pain and Baker's cyst. Subjective complaints include knee pain and difficulty sleeping. Patient's knee pain is rated a 6-7/10 with medication. Objective findings include bilateral knee limited range of motion secondary to pain. There is tenderness of the vastus medialis oblique muscles bilaterally. Treatment has consisted of physical therapy, pain management consult, Hydrocodone, Pantoprazole, Soma and compound cream Tramadol/Gabapentin/Menthol/Camphor/Capsaicin. The utilization review determination was rendered on 8/22/2014 recommending non-certification of Prescription drug, generic (compound cream Tramadol/Gabapentin/Menthol/Camphor/Capsaicin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Prescription drug, generic (compound cream Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) is not medically necessary.