

<b>Case Number:</b>	CM13-0031087		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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:

The patient is a 57-year-old male who reported an injury on 10/24/2013 when he reportedly walked into a break room on a flat surface at work and immediately felt a sharp pain in his right knee. According to the documentation, he initially injured his knee on 10/10/2011 after he walked off a curb in the parking lot and took a bad step, consequently damaging his lateral meniscus which showed insufficiency and effusion on an MRI that was performed 10/24/2012. The patient had been diagnosed with a sprain/strain of the medical collateral ligament. He subsequently underwent left knee arthroscopic surgery on 01/12/2012 which consisted of a synovectomy anterior compartment, partial lateral meniscectomy and chondroplasty. The patient began having complaints also of bilateral foot pain and was diagnosed with bilateral plantar fasciitis. The patient was most recently seen on 11/12/2013 with complaints of pain in his right knee. The patient described his pain as a 5/10 to 8/10 with walking, and stated that he feels the pain inside of his knee is cracking, but denies numbness and tingling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flurbiprofen based on topical ointment #2400 between 05/08/2013 and 05/08/2013: 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 Anesthetics Page(s): 111-112.

**Decision rationale:** According to California MTUS, it states that topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any agents compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In the case of this patient, there is no documentation from the requested service date of 05/08/2013 for Flurbiprofen ointment. Therefore, it is unclear as to the intended use as well as the medical necessity for the requested product at that time. With no medical background providing the intended use and necessity of the medication, and with a lack of documentation from the service date, the requested service cannot be warranted at this time. As such, the requested service is non-certified.

**Retrospective request for 1 prescription of Tramadol/Flurbiprofen based on topical ointment #2400 between 05/08/2013 and 05/08/2013:** 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 Anesthetics Page(s): 111-112.

**Decision rationale:** According to California MTUS, it states that topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any agents compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, Y agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, in the case of this patient, there is no documentation from the requested service date of 05/08/2013 for tramadol/Flurbiprofen ointment. Therefore, it is unclear as to the intended use and the patient's medical necessity for the requested product at that time. Therefore, to having further information pertaining to the indicated use of the medication and the patient's overall pathology, the requested service cannot be warranted at this time. As such, the requested service is non-certified.