

<b>Case Number:</b>	CM13-0051233		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Internal Medicine, and is licensed to practice in Arizona. 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:

The injured worker is a 32year old woman with a history of a work-related injury on 6/13/11 with resulting chronic knee, upper back, left upper extremity and lower back pain. The primary orthopedic surgeon is prescribing a compounded topical analgesic medication for post-operative pain that contains Fluribiprofen, Gabapentin, Cyclobenzaprine and Tramadol. This was prescribed post-operatively on 9/6/13. The use of the compounded medication was denied during a utilization review on 10/17/13. The medical record was reviewed including the initial orthopedic consultation dated 6/27/13, preoperative exams dated 8/8/13, the operative report dated 9/6/13, and multiple post operative visits dated 9/12/13, 9/16/13, 9/30/13 and 10/17/13. The patient's diagnosis includes right knee reflex sympathetic dystrophy, right knee internal derangement, residual, lumbar pain rule out herniated nucleus pulposus, right foot radiculopathy with sprain/strain, anxiety and depression and insomnia. During the visit on 10/17/13 the patient was having pain in the right knee 9/10, the exam showed no infection, limited range of motion and spasms in the thigh including the quadriceps and hamstring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND MEDICATIONS INCLUDING FLURBIPROFEN, GABAPENTIN, CYCLOBENZAPRINE AND TRAMADOL:** Upheld

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

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

**Decision rationale:** The injured worker is being prescribed compounded topical analgesic medications for post-operative and chronic pain involving the right knee. According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is not documented in the medical record if the patient has tried and failed first-line treatment for chronic pain including antidepressant and anticonvulsant medications. There is also no documentation that the injured worker is having neuropathic pain. The MTUS states that there is no peer-reviewed literature to support the use of any topical muscle relaxants such as cyclobenzaprine. Topical gabapentin is not recommended due to a lack of peer-reviewed literature to support use. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. Therefore the use of compounded, topical Flurbiprofen, Gabapentin, Cyclobenzaprine and Tramadol is not medically necessary.