

<b>Case Number:</b>	CM13-0062668		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 patient is a 33-year-old female who reported an injury on 05/07/2013. The patient has had subjective complaints of constant moderate to severe pain in the bilateral knees, as well as constant moderate pain to the left hip. On the most recent clinical date of 12/04/2013, the patient was noted to have +3 spasms and tenderness to the left tensor fasciae latae muscle of the hip. The patient's FABER test was positive on the left and the patient was also noted to wear a knee brace on the left knee. The patient also had +4 spasms and tenderness to the left anterior joint line and vastus medialis with +2 spasms and tenderness to the right anterior joint line and popliteal fossa. The patient's range of motion in her knee was captured digitally by Acumar. The report also stated the patient has a positive bilateral valgus test, as well as a positive McMurray's test on the left. The patient has been taking oral and topical medications to treat her chronic pain in the knees and hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURFLEX (FLURBIPROFEN 15%, CYCLOBENZAPRINE 10%) 180MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications. Page(s): 71.

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

**Decision rationale:** According to California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It further 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. The documentation does not provide a thorough overview of the patient's pain level or pain relief from the use of these medications. Furthermore, without having a thorough rationale for the intended use of these medications and without having sufficient information pertaining to the efficacy, defined by quantitative/objective measures, the requested service is not deemed medically necessary. Lastly, with the non-recommendation for the use of topical analgesics under California MTUS Guidelines, the request cannot be supported at this time. As such, the requested service is non-certified.

**TGHOT 180MG (TRAMADOL 8%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%, CAPSAICIN 0.5%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** According to California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\hat{I}^3$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. This compound contains the ingredient capsaicin which is not supported by CA MTUS guidelines. The documentation does not provide a thorough overview of the patient's pain level or pain relief from the use of these medications. Furthermore, without having a thorough rationale for the intended use of these medications and without having sufficient information pertaining to the efficacy, defined by quantitative/objective measures, the requested service is not deemed medically necessary. Lastly, with the non-recommendation for the use of topical analgesics under California MTUS Guidelines, the request cannot be supported at this time. As such, the requested service is non-certified.