

<b>Case Number:</b>	CM13-0064094		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 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 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 female who reported injury on 04/26/2012. The mechanism of injury was the patient was pushing a venipuncture cart out of the elevator, the wheels got struck in the gap between the elevator the floor, and the patient lunged forward, slamming her knee into the cart and twisting her knee to try and gain control of the cart without falling. The patient had a left knee arthroscopy with a partial lateral meniscectomy and lateral tibial plateau chondroplasty, as well as a medial synovial plica band excision on 10/14/2013. The clinical documentation submitted for review indicated the patient had an antalgic gait on the left. The patient's diagnoses were noted to include left knee medial meniscectomy 07/05/2012, and left pes/patella tendonitis; as well as left knee lateral osteoarthritis. The request was made for a topical NSAID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal cream, Ketoprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2.5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Lidocaine Ketoprofen; Baclofen, Page(s): 41 111 112 113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... There is no peer-reviewed literature to support the use of topical Baclofen...guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product...The addition of cyclobenzaprine to other agents is not recommended... Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Clinical documentation submitted for review failed to indicate the patient had a trial of antidepressants and anticonvulsants that had failed. The medications Baclofen and Ketoprofen are not recommended. Lidocaine is not recommended except in the form of Lidoderm. Cyclobenzaprine is not recommended as a topical muscle relaxant. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline and FDA recommendations. The request as submitted failed to indicate the quantity of cream being requested. There was a lack of documentation indicating if this was the patient's first usage of the medication. The request for transdermal cream, Ketoprofen 20%, Baclofen 2%, cyclobenzaprine 2%, lidocaine 2.5% is not medically necessary and appropriate.