

Case Number:	CM14-0004211		
Date Assigned:	04/28/2014	Date of Injury:	04/06/2002
Decision Date:	07/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier left knee total knee arthroplasty on July 11, 2013; transfer of care to and from various providers in various specialties; and topical compounds. In a utilization review report dated December 31, 2013, the claims administrator approved a request for oral Celebrex while denying a compounded drug. The applicant's attorney subsequently appealed. An earlier handwritten note of April 24, 2013 was somewhat difficult to follow and notable for comments that the applicant received a left corticosteroid injection and was issued a prescription for oral Norco. On January 9, 2014, the attending provider appealed the denial of the topical compounded drug. The attending provider stated that the applicant's knee pain had persisted despite usage of Celebrex. On February 17, 2014, the applicant was described as having "no pain" on a continuous basis, but was using Celebrex and Tylenol on an as-needed basis. The applicant was given permanent work restrictions and 15% whole-person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND TRAMADOL 5%, FLURBIPROFEN 20%,
CYCLOBENZAPRINE 2%, AND BACLOFEN 2%: 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): 113.

Decision rationale: No, the proposed topical compounded tramadol-flurbiprofen-cyclobenzaprine-baclofen cream is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, two of the ingredients in the compound, baclofen, and cyclobenzaprine, are specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the topical compound carry unfavorable recommendations, the entire compound is considered to carry an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant seemingly successfully uses multiple first-line oral pharmaceuticals, including Celebrex, Tylenol, Norco, etc., effectively obviates the need for the largely experimental topical compound in question. Therefore, the request is not medically necessary, for all the stated reasons.