

<b>Case Number:</b>	CM14-0112487		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 65 year-old individual was reportedly injured on 2/7/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/13/2013, indicates that there are ongoing complaints of bilateral wrist pain, low back pain, and bilateral lower extremity pain. The physical examination demonstrated bilateral knee: mild valgus alignment standing, range of motion right knee 0-137, left knee 2-121. Lateral tracking of patella trace bilaterally, trace patellar grading, positive patellar compression test, and positive apprehension test. Positive tenderness to palpation patellar facet, positive lateral joint line tenderness in the right knee, positive medial joint line tenderness and lateral joint line tenderness in the left knee. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Omeprazole, Capsaicin, Flurbiprofen, Methylcellu powder, Flurbiprofen powder, Lidocaine powder, Pentravan cream, Tramadol Hcl powder, Avivel PH105 powder, and was not certified in the pre-authorization process on 7/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication- Omeprazole, Capsaicin, Flurbiprofen powder, Methylcellu powder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): ; Page 111-1.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

**Compound medication- Flurbiprofen powder, Lidocaine powder, Pentravan cream:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 1.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

**Compound medication- Tramadol Hcl powder, Avivel PH105 powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official disabilities guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): Page 111-113.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.