

<b>Case Number:</b>	CM14-0137413		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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 injured worker is a 30-year-old female who sustained an injury on 07/05/13. She is complaining of post-operative right knee pain rated at 6/10 with associated locking sensation. She also complained of numbness sensation in the right hand with overhead activities with associated cramping. She also reported anxiety, depression, stress, and insomnia. She had residual patellofemoral pain with intermittent, locking, catching, and clicking of patella. She states that she feels 50% improved. The medial joint line pain was subsided, but anterior knee pain was persistent with audible clicking and intermittent catching. On exam, she had positive patellofemoral grind. There was a small effusion. The portal incisions were well healed. There was no instability of the knee. In the supine position, she had exquisite tenderness over the inferior pole of the patella on patellofemoral grind. UDS report of 04/17/14 was positive for tramadol. The patient is status post knee scope on 02/06/14. Current medications were Tylenol #3, omeprazole, Voltaren, Tylenol #3; Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, 120 g cream; and Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375%, 120 g cream. She has been attending physical therapy for two times a week, which helped improve her range of motion. She finds locally applied creams to be helpful, but she does have residual pain. Diagnosis: Status post right knee arthroscopy. The request for topical cream- Flurbiprofen 20% cream, Ketoprofen 20%, Ketamine 10%, 120 gm and topical cream- Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375%, 120 gm were denied on 08/04/14 in accordance with medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Cream- Flurbiprofen 20%, Ketoprofen 20%, and Ketamine 10% # 120 gm:**  
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.

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Furthermore, the CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Ketamine is currently under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary per guidelines.

**Topical Cream- Gabapentin 10%, Cyclobenzaprine 10%, and Capsaicin 0.0375% # 120 gm:** 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.

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support use. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary per guidelines.