

<b>Case Number:</b>	CM14-0170887		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 61-year-old male with a 5/11/12 date of injury, and meniscal repair of the right knee on 6/4/13. At the time (8/12/14) of request for authorization for compound Flurbiprofen 20%/Tramadol 20%, 210 grams, provided on August 13, 2014 and compounded Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10%, 210 grams, provided on August 13, 2014, there is documentation of subjective (low back pain radiating to right posterior lower extremity and right knee pain) and objective (positive Kemp's test, positive bilateral straight leg raising test, tenderness over the lumbar paraspinals and medial collateral and lateral collateral of the right knee, decreased lumbar range of motion, and positive right McMurray's test) findings, current diagnoses (status post meniscal repair of the right knee with instability), and treatment to date (medications). Regarding Flurbiprofen/Tramadol compound, there is no documentation of osteoarthritis pain; failure of an oral NSAID or contraindications to oral NSAIDs; and failure of trial of antidepressants and anticonvulsants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Flurbiprofen 20%/Tramadol 20%, 210 grams, provided on August 13, 2014:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) AND Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

**Decision rationale:** Specifically regarding topical NSAIDs, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Specifically regarding topical analgesics, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of a diagnosis of status post meniscal repair of the right knee with instability. In addition, there is documentation of neuropathic pain. However, there is no documentation of osteoarthritis pain. In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Furthermore, there is no documentation of failure of trial of antidepressants and anticonvulsants. Therefore, based on guidelines and a review of the evidence, the request for compound Flurbiprofen 20%/Tramadol 20%, 210 grams, provided on August 13, 2014 is not medically necessary.

**Compounded Gabapentin 10%/Amitriptyline 10%/dextromethorphan 10%, 210 grams, provided on August 13, 2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of status post meniscal repair of the right knee with instability. However, compounded Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10%, 210 grams contains at least one component (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for compounded Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10%, 210 grams, provided on August 13, 2014 is not medically necessary.

