

<b>Case Number:</b>	CM14-0033531		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 66 year old male with a 12/8/11 date of injury. A 1/28/14 medical report identifies documentation of subjective (sharp, stabbing pain in the right knee and constant left knee pain) and objective (slight effusion of the right knee and soft tissue swelling about the right knee, mild crepitus in the right knee, pain on patellofemoral pressure bilaterally slight on the left, slight laxity of the medial collateral ligament of the right knee, tenderness noted over the medial and lateral joint lines of the left knee and over the medial joint line of the right knee, right knee extension -15 and flexion 95, left knee extension 0 and flexion 120) findings, current diagnoses (sprain/strain patellofemoral chondromalacia, right knee and left knee), and treatment to date (physical therapy and medication). Regarding 240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240gr Flurbiprofen 25%, Lidocaine 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The MTUS Chronic Pain 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 antiepilepsy 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 diagnoses of sprain/strain patellofemoral chondromalacia, right knee and left knee. However, the requested 240gr Flurbiprofen 25%, Lidocaine 10% contains at least one drug (Lidocaine) that is not recommended. Therefore, based on the MTUS Chronic Pain Guidelines and a review of the evidence, the request is not medically necessary.

**240gr Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The MTUS Chronic Pain Guidelines indicates that topical analgesics are recommended for neuropathic pain when trials 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 diagnoses of sprain/strain patellofemoral chondromalacia, right knee and left knee. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on the MTUS Chronic Pain Guidelines and a review of the evidence, the request is not medically necessary.