

<b>Case Number:</b>	CM14-0069293		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Internal 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 injured worker is a 29 year old male who sustained an injury on 11/19/12 while performing repetitive lifting. The injured worker developed complaints of low back pain radiating to the right lower extremity. The injured worker had also been followed for chronic complaints of right knee pain. The injured worker has had prior surgical intervention for the right knee as well as multiple injections and the use of bracing for the right knee. Prior medications have included the use of anti-inflammatories as well as analgesic medications for pain. The injured worker had been recommended for further surgical intervention for the right knee. The clinical report from 03/27/14 noted the injured worker had persistent complaints of popping, clicking, and pain with prolonged bending of the right knee. The injured worker's physical exam noted tenderness to palpation at the medial portion of the right knee. A urine toxicology screen was recommended at this evaluation. The requested topical compounded Flurbiprofen and Capsaicin creams as well as Naproxen 550mg were all denied by utilization review on 04/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Flurbiprofen Cream 240 Grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 111.

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

**Decision rationale:** Flurbiprofen is not Food and Drug Administration approved for transdermal use. This requested topical compounded medication would not be indicated as there is no documentation regarding failure prior to use of anti-inflammatories or any contraindications to oral medication use. Given the insufficient rationale to support the use of this topical compounded cream over oral medications, this request is not medically necessary.

**Request for Capsaicin Cream 240 Grams:** Upheld

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

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

**Decision rationale:** There is no indication from the recent clinical reports of any evidence regarding neuropathic pain. Capsaicin can be utilized as an option in the treatment of neuropathic pain that has failed conservative measures to include anti-depressants and anti-convulsant medications. There is no indication from the clinical reports that these medications were contraindicated or had failed to support topical capsaicin cream. Therefore, this request is not medically necessary.

**Request for Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. Furthermore, the request is non-specific in regards to frequency, quantity, or duration. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. This request is not medically necessary.