

<b>Case Number:</b>	CM14-0082390		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Texas and Oklahoma. 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 56-year-old who reported an injury on November 4, 2013 due to a motor vehicle accident. The injured worker was diagnosed with sprains and strains of neck, sprains and strains of lumbar, brachial neuritis/radiculitis NOS, on the specified sites of knee and leg, thoracic sprains and strains, and report of internal derangement of the knee. Prior treatments included chiropractic care, LINT, a home TENs unit, acupuncture, hot and cold therapy, ultrasound treatment, trigger point (TPII) injections, soft tissue therapeutic massage, intersegmental traction, and a home exercise program. Prior diagnostic studies included an MRI of the brain which was performed on January 18, 2014 and an x-ray of the cervical spine on January 18, 2014. The clinical note dated 04/09/2014 noted the injured worker presented with intermittent to frequent, moderate, sharp, stabbing pain with radiating numbness and tingling to the cervical spine, lumbar spine, right knee, and left knee. There was tenderness to palpation of the cervical paravertebral muscles along with muscle spasms. The injured worker had tenderness to palpation of the lumbar paravertebral muscles with spasms of the bilateral gluteus and lumbar paravertebral muscles. There was tenderness to palpation to the anterior knees bilaterally. The injured worker was prescribed Condrolite, omeprazole, cyclobenzaprine, naproxen, and 2 formulations of compounded creams including gabapentin and flurbiprofen, with varying strengths. The physician's treatment plan included recommendations for an EMG (electromyogram)/NCV (nerve conduction velocity), continuation of conservative care, and continuation of medications. The physician was requesting compounded Fluriprofen 20%/Tramadol 20% in Mediderm Base 240 mg. The Request for Authorization form was not provided for review with these documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication (Fluriprofen 20%/Tramadol 20% in Mediderm Base) 240 mg:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): pages 111 and 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Citation: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or drug class, that is not recommended, is not recommended. The guidelines note topical NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (four to twelve weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and more robust primary studies are required to inform practice recommendations. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. Per peer reviewed literature, opioids are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. As such, the request for Compounded medication (Fluriprofen 20%/Tramadol 20% in Mediderm Base) 240 mg is not medically necessary or appropriate.