

<b>Case Number:</b>	CM14-0188714		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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:

This 52-year-old patient sustained an injury on 11/2/11 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Gab/Lid/Aloe/Cap/Menth/Cam (Patch) gel 120gm with 1 refill and Topical Compound Flurbiprofen/Capsaicin (Patch) 120gm with 1 refill. Diagnoses include joint leg pain; bilateral knee internal derangement s/p right knee arthroscopy. Conservative care has included medications, physical therapy, and modified activities/rest. Report from the provider noted the patient with chronic ongoing knee symptoms, constant in nature rated at 5/10 in intensity. Pain is associated with swelling and buckling, aggravated by prolonged standing with dull aching when sedentary. There is also report of low back pain radiating to the left lower extremity associated with numbness and tingling. Exam showed normal gait; tender joint line in bilateral knees; positive patellar grind test and McMurray; negative anterior drawer and pivot testing; crepitus on range of motion; no swelling and no instability evident with normal knee strength. The patient remained permanent and Stationary with permanent restrictions, treating under future medical care. Medications list Tramadol HCL ER, Terocin patch, Omeprazole, Ondansetron tablets, and Naproxen. AME report of 9/12/14 noted patient "s/p right knee arthroscopy; patient related surgery was helpful; there are no exam findings; There is no impairment or disability for the left knee; the patient had normal MRI scan of left knee with normal x-rays; and there are no examination findings." The request(s) for Topical Compound Gab/ Lid/ Aloe/ Cap/ Menth/ Cam (Patch) gel 120gm with 1 refill and Topical Compound Flurbiprofen/Capsaicin (Patch) 120gm with 1 refill were non-certified on 10/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gab/Lid/Aloe/Cap/Menth/Cam (Patch) gel 120gm with 1 refill:** 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): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The Topical Compound Gab/Lid/Aloe/Cap/Menth/Cam (Patch) gel 120gm with 1 refill is not medically necessary and appropriate.

**Flurbiprofen/Capsaicin (Patch) 120gm with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Capsaicin, topical.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Capsaicin over oral formulation for this chronic injury of 2011 without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Topical Compound Flurbiprofen/Capsaicin (Patch) 120gm with 1 refill is not medically necessary and appropriate.

