

<b>Case Number:</b>	CM14-0191788		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51-year old male with a work injury dated 8/16/13. The diagnoses include plantar fasciitis; right knee medial meniscal tear, right knee internal derangement, right knee pain, right knee sprain/strain, status post right knee surgery, hypertension. There is a request for Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/Camphor 2%/Capsaicin 0.035 % in 210 cream base. A 10/24/14 progress note states that the blood pressure is 142/93. The patient complains of intermittent moderate dull, achy, sharp right knee pain, associated with standing and walking. Increased ROM since last office. Patient states he has not done therapy since last visit. The patient has pain with kneeling. On exam there is right knee mild diffuse swelling. The ranges of motion of the right knee are decreased and painful. There is tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. McMurray's is positive. The treatment plan is refer to M.D. for medication; refer to acupuncture, post op PT, awaiting internal medicine consult report and follow up with podiatry. There is a request for authorization dated 10/23/14 for topical creams, Naproxen, and Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/Camphor 2%/Capsaicin 0.035 % in 210 cream base:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/Camphor 2%/Capsaicin 0.035 % in 210 cream base is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Camphor is an ingredient in Ben Gay which is a methyl salicylate and supported by the MTUS. There is no peer-reviewed literature to support the use of topical baclofen. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Baclofen is not recommended. There is no evidence of intolerance to oral medications for the documentation submitted. For these reasons the request for Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/Camphor 2%/Capsaicin 0.035 % in 210 cream base is not medically necessary.