

<b>Case Number:</b>	CM15-0135364		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male, who sustained an industrial injury on February 3, 2009. He reported extreme left knee pain. Treatment to date has included surgery, x-ray, medication, brace, steroid injections MRI, urine drug screen and physical therapy. Currently, the injured worker complains of residual left knee pain and muscle spasms associated with numbness and tingling and pain that radiates to his foot. He rates his pain at 7 on 10 and is constant. The pain is exacerbated with squatting, kneeling, ascending or descending stairs, prolonged positioning, weight bearing, standing and walking. The injured worker is currently diagnosed with unspecified internal derangement of the knee, post left knee meniscus repair and left knee degenerative joint disease. His work status temporary total disability. A note dated November 6, 2013 states the injured worker did not experience any benefit from steroid injections or surgery. The injured workers response to physical therapy was not included in the documentation. The following topical medications, Cyclobenzaprine 2%, Flurbiprofen 25% 180 grams and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2% 180 grams are requested to help alleviate the injured workers discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in February 2009 and continues to be treated for left knee pain. He underwent a meniscal repair without reported improvement. Physical examination findings include joint line tenderness and positive patellar compression testing. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The request is not medically necessary.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in February 2009 and continues to be treated for left knee pain. He underwent a meniscal repair without reported improvement. Physical examination findings include joint line tenderness and positive patellar compression testing. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested compounded medication is not medically necessary.