

<b>Case Number:</b>	CM15-0168268		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 7-9-2012. He reported injury to the left knee when he jumped off a truck. Diagnoses include left knee ACL tear status post surgical complications. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of chronic knee pain. Pain was rated 7 out of 10 VAS and noted as aggravated with activity. She also reported headaches, muscle spasms, numbness, and anxiety. Current medication included Tramadol. On 7-16-15, the physical examination documented medial joint line tenderness and instability to varus-valgus pressure. The plan of care included refilling Tramadol, topical compound creams, and urinalysis. The appeal requested authorization of Gabapentin 15% - Amitriptyline 4% - Dextromethorphan 10% - in cream back 180 grams and Cyclobenzaprine 2% - Flurbiprofen 25% cream based 180 grams. The Utilization Review denied this request based on California MTUS Chronic Pain Treatment Guidelines regarding topical compound analgesic creams being experimental and having no documentation regarding intolerance to oral medication treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base #180mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the medication was combined with another topical analgesic and there is no indication for combining multiple topicals. The claimant was also on oral opioids without mention of reduction. Since the compound above contains these topical medications, the request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% is not medically necessary.

**Pharmacy purchase of Cyclobenzaprine 2%, Flurbiprofen 25% in cream base #180mg:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In addition, the medication was combined with another topical analgesic and there is no indication for combining multiple topicals. The claimant was also on oral opioids without mention of reduction. Since the compound above contains these topical medications, the request for Cyclobenzaprine 2%, Flurbiprofen 25% is not medically necessary.