

<b>Case Number:</b>	CM15-0196202		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

This is a 63 year old male who sustained a work-related injury on 2-14-08. Medical record documentation on 8-10-15 revealed the injured worker was being treated for status post lumbar decompressive surgery on 5-26-15 and status post revision of right total knee arthroplasty. He reported that with his physical therapy he is feeling better. He has completed six sessions of physical therapy and rated his pain 4-5 on a 10-point scale. He was using compound creams for his right knee and these have significantly improved his symptoms. He used a compression wrap which decreased some swelling and pain. Objective findings included intact sensation to light touch in the lower extremities with a +2 reflex. His right knee incision is clean, dry and intact. His effusion is much less than previously and he had mild atrophy of the quadriceps muscles. He reported improvement in the swelling and pain in his right knee with the use of compound creams. A request for compound Flurbiprofen 20%-Lidocaine 5%, 150 grams; compound Cyclobenzaprine 10%-Lidocaine 2%, 150 grams; and compound gabapentin 10%-amitriptyline 5% capsaicin 0.02%, 150 grams was received on 8-26-15. On 9-1-15, the Utilization Review physician determined compound Flurbiprofen 20%-Lidocaine 5%, 150 grams; compound Cyclobenzaprine 10%-Lidocaine 2%, 150 grams; and compound gabapentin 10%-amitriptyline 5% capsaicin 0.02%, 150 grams was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound - Flurbiprofen 20% - Lidocaine 5% 150gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in February 2008 and underwent a multilevel lumbar laminectomy and discectomy in May 2015 and right knee revision arthroplasty in March 2014 and is being treated for chronic low back and knee pain. When seen, pain was rated at 4-5/10. He had completed 6 physical therapy treatments. Physical examination findings included a body mass index over 30. There was paralumbar pain. Back and knee incisions were intact. There was a mild knee effusion which had improved. There was quadriceps muscle atrophy. Compounded creams were continued. 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. The claimant has not had a trial of topical diclofenac. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

**Compound - Cyclobenzaprine 10% Lidocaine 2% - 150gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in February 2008 and underwent a multilevel lumbar laminectomy and discectomy in May 2015 and right knee revision arthroplasty in March 2014 and is being treated for chronic low back and knee pain. When seen, pain was rated at 4-5/10. He had completed 6 physical therapy treatments. Physical examination findings included a body mass index over 30. There was paralumbar pain. Back and knee incisions were intact. There was a mild knee effusion which had improved. There was quadriceps muscle atrophy. Compounded creams were continued. 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

**Compound- Gabapentin 10% Amitriptyline 5% Capsaicin 0.02% 150gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in February 2008 and underwent a multilevel lumbar laminectomy and discectomy in May 2015 and right knee revision arthroplasty in March 2014 and is being treated for chronic low back and knee pain. When seen, pain was rated at 4-5/10. He had completed 6 physical therapy treatments. Physical examination findings included a body mass index over 30. There was paralumbar pain. Back and knee incisions were intact. There was a mild knee effusion which had improved. There was quadriceps muscle atrophy. Compounded creams were continued. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. 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. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.