

Case Number:	CM15-0199434		
Date Assigned:	10/14/2015	Date of Injury:	03/04/2011
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old female who sustained an industrial injury on 03-04-2011. A review of the medical records indicated that the injured worker is undergoing treatment for left knee posttraumatic osteoarthritis, cervical sprain and strain, lumbar degenerative disc disease, left shoulder sprain and strain, acromioclavicular degenerative changes left shoulder, gastritis, constipation and weight gain. The injured worker is status post left arthroscopic meniscectomy. According to the treating physician's progress reports on 09-21-2015 and 09-17- 2015, the injured worker continues to experience left knee pain rated at 6 out of 10 and cervical, thoracic and lumbar spine pain rated at 6.5 out of 10 on the pain scale. The injured worker ambulates with a cane. The examination of the left knee noted a slight decrease in range of motion. There was tenderness over the lumbosacral spine. Prior treatments have included diagnostic testing, surgery, physical therapy and medications. Current medications were listed as Norco and Motrin. Treatment plan consists of Platelet Rich Plasma injection to the left knee, chiropractic therapy for the cervical, thoracic and lumbar spine, urine drug screening, weight loss and dietary instructions, proton pump inhibitors and Colace, Amitiza and the current request for Compound Cream, 180gm, Flurbiprofen, Baclofen, Lidocaine, Menthol. On 09-23-2015 the Utilization Review determined the request for Compound Cream, 180gm, Flurbiprofen, Baclofen, Lidocaine, Menthol 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 Cream, 180gm, Flurbiprofen, Baclofen, Lidocaine, Menthol: Upheld

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

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary. Bryson, Evan, et al. "Skin Permeation and Antinociception of Compounded Topical Cyclobenzaprine Hydrochloride Formulations." *International Journal of Pharmaceutical Compounding* 19.2 (2015): 161. Cyclobenzaprine is not recommended for topical application. Argoff CE. Topical agents for the treatment of chronic pain. *Curr Pain Headache Rep.* 2006 Feb;10(1):11-9. Gabapentin is not recommended for topical use. Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. Use of ketamine is under study and only for use in refractory neuropathic pain. McCleane, Gary J. "Topical doxepin hydrochloride reduces neuropathic pain: a randomized, double-blind, placebo controlled study." *The Pain Clinic* 12.1 (2000): 47-50. In this case the agent is reported to work for neuropathic pain. In this case the pain is not clearly established as neuropathic. Johar, Pramod, et al. "A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness." *International journal of sports physical therapy* 7.3 (2012): 314. Menthol does not provide significant improvements in functional status for patients with knee arthritis.