

<b>Case Number:</b>	CM15-0199903		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/18/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 27 year old male who sustained an industrial injury January 18, 2015. He was treated with anti-inflammatory medication (6) sessions of physical therapy and underwent x- rays. According to a treating physician's progress report dated June 26, 2015, the injured worker continues to report pain in the left knee, rated 7 out of 10, with occasional giving way and locking. He is currently taking Naprosyn and acupuncture was prescribed. According to treating physician's handwritten notes dated August 28, 2015, the injured worker continues with left knee pain. He noted that acupuncture was completed and no help only some relief for three hours and a TENS (transcutaneous electrical nerve stimulation) unit helped temporarily. Some handwritten notes are difficult to decipher. Diagnoses are left knee contusion, sprain, and internal derangement. The physician documents a 9.6 degrees valgus and further stated his reading of the June 16, 2015, MRI shows mild degenerative changes of the posterior horn, mid 3rd of the medial meniscus; the ligaments and articular surfaces are normal. At issue, is a request for authorization dated September 21, 2015 for Voltaren ER and Flurbiprofen-Menthol-Capsaicin- Camphor cream. An MRI of the left knee dated June 16, 2015 (report present in the medical record) impression minor signal to the nerve root attachment of the medial meniscus indeterminate for meniscal tear; possible sclerotic intraarticular loose body along the superior pole of the patella; plain film correlation is advised; there is no donor site demonstrated to suggest an osteochondral fragment or bony fragment from an acute or subacute injury. According to utilization review dated September 24, 2015, the request for Flurbiprofen-Menthol-Capsaicin- Camphor cream and Voltaren ER 100mg QD (every day) #30 Refills: (2) are non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen, menthol, capsaicin, camphor cream:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), Capsaicin, topical, Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen, menthol, capsaicin, camphor cream is not medically necessary.

**Voltaren ER 100mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac sodium (Voltaren®, Voltaren-XR®) Section.

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of

chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Per the ODG, Voltaren is not recommended as first line agent due to increased risk profile. In this case, there is no documentation of a failure with first line agents. Additionally, the injured worker has chronic injuries with no change in pain level and no acute injuries reported, therefore, the request for Voltaren ER 100mg #30 with 2 refills is not medically necessary.