

<b>Case Number:</b>	CM15-0024251		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 37-year-old male, who sustained an industrial injury, December 16, 2013. The injured worker previously received the following treatments surgery, weight bearing activities, physical therapy, home exercise program, Bio-Term pain relieving lotion, Flurbiprofen/Cyclobenzaprine/ Gabapentin/ Lidocaine 20%/8%/8%/4%, Norco and Aspirin. The injured worker was diagnosed with status post tibia fracture repair on December 16, 2013. According to progress note of August 15, 2014, the injured workers chief complaint was left leg pain. The physical exam noted normal posture and gait. The range of motion of the left leg was flexion of 97 degrees, internal rotation of 10 degrees, external rotation 40 degrees; left knee flexion 130 degrees extension 0 degrees with normal dermatomes and instability testing. The injured worker was able to return to work without restrictions. The treatment plan included Bio-Term pain relieving lotion and Flurbiprofen/Cyclobenzaprine/Gabapentin/Lidocaine 20%/8%/8%/4% #180 gram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound flurbiprofen/cyclo/gaba/lido 20%/ 8%/ 4% 180gm:** Upheld

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

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

**Decision rationale:** The patient presents with left leg pain. The request is for topical compound flurbiprofen/cyclo/gaba/lido 20%/8%/8%/4% 180 gm. Patient is status post left tibia IM rodding 12/16/13. Patient's diagnosis was not specified. Per 08/15/14 progress report, patient's medications include Flurbiprofen (20%/8%/8%/4%), Bio-Therm Lotion, Norco, Keflex and Aspirin. Patient's work status is regular duties. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. No RFA was provided either. Patient is status post left tibia IM rodding 12/16/13 and has received prescriptions for topical compound Flurbiprofen/Cyclo/Gaba/Lido 20%/8%/8%/4% from 05/09/14 and 08/15/14. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Gabapentin, which are not supported for topical use. Therefore, the request is not medically necessary.

**Bio-therm cream 0.002-10-20% 4oz, quantity 4:** Upheld

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

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

**Decision rationale:** The patient presents with left leg pain. The request is for bio-therm cream 0.002-10-20% 4 oz, quantity 4. Patient is status post left tibia IM rodding 12/16/13. Patient's diagnosis was not specified. Per 08/15/14 progress report, patient's medications include Flurbiprofen (20%/8%/8%/4%), Bio-Therm Lotion, Norco, Keflex and Aspirin. Patient's work status is regular duties. Bio Therm is methy salicylate 20%, menthol 10%, capsaicin 0.002%. The MTUS guidelines support topical NSAIDS and states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." Treater has not provided reason for the request. No RFA was provided either. Patient is status post left tibia IM rodding 12/16/13 and has received

prescriptions for Bio-Therm from 05/09/14 and 08/15/14. Given the patient's symptoms are not documented as peripheral joint pain or tendinitis, the use of topical NSAIDs are not indicated. Therefore, the request is not medically necessary.