

Case Number:	CM15-0027286		
Date Assigned:	02/19/2015	Date of Injury:	02/08/2012
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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 is a 51-year-old male, with a reported date of injury of 02/08/2012. The diagnoses include status post abdominal surgery with residual pain, abdominal hernia, right knee internal derangement, right knee medial meniscal tear, and right knee anterior cruciate ligament (ACL) tear. Treatments have included an MRI of the right knee on 03/31/2014 and 10/13/2014, and topical pain medication. The progress report dated 01/23/2015 indicates that the injured worker had residual abdominal pain, rated 5 out of 10 and right knee pain, which he rated 6 out of 10. The injured worker indicated that the medications offer him temporary relief of pain and improved his ability to have a restful sleep. He denied having any problems with the medications. The objective findings included a well-healed midline abdominal scar, normal and active bowel sounds with no rigidity, mild tenderness to palpation at the right lower quadrant of the abdomen, slight effusion noted in the right knee, tenderness to palpation at the right medial joint line, and decreased right knee range of motion. The treating physician requested Capsaicin 0.025%/Flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180 grams and Cyclobenzaprine 2%/Flurbiprofen 25% 180 grams for pain. On 02/10/2015, Utilization Review (UR) denied the request for Capsaicin 0.025%/Flurbiprofen 15%/gabapentin 10%/menthol 2%/camphor 2% 180 grams and Cyclobenzaprine 2%/Flurbiprofen 25% 180 grams. The treating physician noted that Flurbiprofen and Gabapentin are not approved for topical use and in addition to the unknown safety and effectiveness of Flurbiprofen and Cyclobenzaprine, they are not recommended for topical use. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2% 180gm:
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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with abdominal pain and right knee pain. The current request is for CAPSAICIN 0.025%, FLURIBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2% 180GM. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, given the patient knee pain a topical NSAID may be indicated; however Gabapentin is not recommended in any topical formulation, rendering the entire compound cream invalid. This request IS NOT medically necessary.

Cyclobenzaprine 2%, flurbiprofen 25% 180gm: 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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with abdominal pain and right knee pain. The current request is for CYCLOBENZAPRINE 2% FLURIBIPROFEN 25% 180GM. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, given the patient knee pain a topical NSAID may be indicated; however cyclobenzaprine is not recommended in any topical formulation, rendering the entire compound cream invalid. This request IS NOT medically necessary.

