

<b>Case Number:</b>	CM15-0212363		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 39 year old female who sustained an industrial injury on 4-4-11. Medical records indicate that the injured worker has been treated for patellofemoral realignment surgery with residual instability (1990); left knee trauma with meniscal injury and patellar dislocation (2011); severe chondromalacia; reactive synovitis; patellofemoral degenerative arthritis; possible incisional neuroma and neuropathic pain. She currently (9-15-15) complains of left knee pain and altered gait. She is developing compensatory pain in the right knee and lumbar spine. The physical exam of the left knee showed limited flexion with crepitus and prominent quadriceps atrophy. Treatments to date include left knee platelet-rich plasma injection (7-29-15) with minimal benefit; status post capsular reconstruction; medications: Neurontin, Lidoderm 5% patch for neuropathic pain, Senokot, Norco. In the 9-15-15 progress note the treating provider's plan of care included a request for topical creams for degenerative disease in the knee as she has been intolerant to oral medications with gastroesophageal reflux disease and constipation. The 5-8-15 progress note requested Prilosec for increasing gastroesophageal reflux disease. The request for authorization dated 9-23-15 was for compounded medication: flurbiprofen 10%, Lidocaine 2%, baclofen 2%, gabapentin 6%, cyclobenzaprine 2%, Hyaluronic acid 0.2%, 240grams with 6 refills. On 9-30-15 Utilization Review non-certified the request for compounded medication: flurbiprofen 10%, Lidocaine 2%, baclofen 2%, gabapentin 6%, cyclobenzaprine 2%, Hyaluronic acid 0.2%, 240grams with 6 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication: Flurbiprofen 10%/Lidocaine 2%/Baclofen 2%/Gabapentin 6%/Cyclobenzaprine 2%/Hyaluronic acid 0.2%, 240gm (6 refills): 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:** In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains MTUS guidelines specifically state regarding topical muscle relaxants, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." This requested topical analgesic contains Cyclobenzaprine and Baclofen, two muscle relaxants which are not recommended by the MTUS guidelines. There is no documentation that this patient has chemotherapy induced peripheral neuropathy either. Likewise, this request is not considered medically necessary.