

<b>Case Number:</b>	CM15-0215988		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Indiana, 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 50 year old male who sustained an industrial injury on 03-18-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar sprain and strain, lumbar radiculopathy, hip sprain and strain, hip trochanteric bursitis and knee sprain and strain. The injured worker is status post right knee arthroscopy repair of the medial meniscus in 08-2014 and right knee arthroscopy for posterior horn medial meniscus debridement and partial synovectomy on 04-30-2015. According to the treating physician's progress report on 09-25-2015, the injured worker continues to experience low back pain radiating to both lower extremities associated with numbness and tingling, right side greater than left and rated at 8 out of 10 without medications and 6 out of 10 on the pain scale with medications. The injured worker reported his right hip pain at 7 out of 10 without medications and 5-6 out of 10 on the pain scale with medications and right knee pain at 7-8 out of 10 without medications and 4-5 out of 10 on the pain scale with medications. The lumbar spine examination demonstrated tenderness and palpable myospasm over the paralumbar muscles and tenderness in the sciatic notches. Range of motion was decreased by 5 degrees in all planes due to end range back pain. Straight leg raise was positive bilaterally causing low back pain radiating to the posterior thigh at 45 degrees. Braggard's test was positive bilaterally. The right hip was tender to palpation with decreased right hip range of motion due to end range pain. Patrick's Fabere was positive in the right hip. The right knee demonstrated tenderness to palpation on the medial and lateral joint lines with painful patellar tracking and positive grind test. There was decreased range of motion due to pain. Motor strength, deep tendon reflexes and sensation of the bilateral lower extremities were intact. Prior treatments have included

diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medications were listed as Tramadol, Naproxen, Cyclobenzaprine and Omeprazole. Treatment plan consists of lumbar and right hip magnetic resonance imaging (MRI), X-rays of the right knee, right hip and lumbar spine, hot-cold therapy unit, Solace Stimulating Unit for home use, functional restoration program (FRP), acupuncture therapy, continuing medication regimen. Continuing home exercise program and the current retrospective request for Flurbiprofen 15%-Cyclobenzaprine 3%-Capsaicin 0.0375%-Menthol 2%-Camphor 1%, 30gm with 3 refills (DOS: 04-27-15) and the retrospective request for Flurbiprofen 15%-Gabapentin 7%-Lidocaine 5%, 30gm with 3 refills. On 10-08-2015 the Utilization Review determined the retrospective request for Flurbiprofen 15%-Cyclobenzaprine 3%-Capsaicin 0.0375%-Menthol 2%-Camphor 1%, 30gm with 3 refills (DOS: 04-27-15) and the retrospective request for Flurbiprofen 15%-Gabapentin 7%-Lidocaine 5%, 30gm with 3 refills was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Flurbiprofen 15%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1% 30gm refill-3 (dos: 04/27/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore, the request is not medically necessary.

#### **Retrospective Flurbiprofen 15%/Gabapentin 7%/Lidocaine 5% 30gm refill-3: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

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