

<b>Case Number:</b>	CM15-0223312		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old man sustained an industrial injury on 1-22-2010. Diagnoses include internal derangement of the knee, knee pain, and insomnia due to medical condition. Treatment has included oral medications. Physician notes dated 10-13-2015 show complaints of right knee and leg pain rated 7-8 out of 10 with swelling and water blisters. The worker rates his pain 10+ out of 10 without medications and 7-8 out of 10 with medications. The worker states he was prescribed a topical ointment at his last visit, however, it was not received. The physical examination shows 1+ pitting edema of the right lower leg. Recommendations include NESP program (approved and attempting to schedule), Lasix, urine drug screen, Flurbiprofen ointment, Trepadone, Gabadone, Clonidine, Dilaudid, and follow up in three weeks. Utilization Review denied a request for Flurbiprofen compound ointment on 10-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Cyclobenzaprine 2%, transdermal ointment 2 months supply: 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 rationale:** The claimant sustained a work injury in January 2010 with a significant contusion to the right knee when, while carrying a bag of cement, he tripped on a pallet and fell on nails. Injuries included a medial and lateral meniscus tear with subsequent development of medial femoral condyle osteonecrosis and osteoarthritis. He underwent partial meniscectomies and then had a total knee replacement, which was done in October 2011. He continues to be treated for right knee pain. When seen in August 2015 he had been hospitalized after falling and was treated for a pulmonary embolism. When seen in September 2015 he was having severe right knee and lower leg pain. He thought he might have a recurrence of blood clots. Medications were decreasing pain from 8/10 to 5/10. Physical examination findings included right lower extremity edema with tightness. There were red pustules above the right ankle and there was concern over a possible infection and compartment syndrome. Topical compounded cream was being prescribed and was continued. Authorization for an internal medicine evaluation was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Dexamethasone is a component and two anti-inflammatory medications is duplicative. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.