

<b>Case Number:</b>	CM15-0056884		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/14/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Arizona, Michigan

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 47 year old male, who sustained an industrial injury on 05/14/2014. He reported a continuous trauma injury to his neck, thoracic, lumbar spine, lower extremities, bilateral knees, and headaches. The injured worker is currently diagnosed as having osteochondral injury to the right patella status post surgery with chronic right knee pain, left knee pain, degenerative disc disease to the cervical spine with neck pain, and degenerative disc disease to the lumbar spine with chronic lower back pain. Treatment to date has included chiropractic treatment, physical therapy, left and right knee MRI, cervical spine MRI, lumbar spine MRI, knee surgery, and medications. In a progress note dated 01/28/2015, the injured worker presented with complaints of neck pain that spreads to his shoulders made better by rest and chiropractic treatment. The treating physician reported requesting authorization for compound creams. In a primary treating physician's progress report dated 02/25/2015, the treating physician prescribed Limbrel for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 1/28/15: Thirty (30) day supply of Compound cream medication - Ketoprofen 25%/ Flurbiprofen 25%: 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 Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore based on the guidelines the request for retrospective DOS: 1/28/15: Thirty (30) day supply of Compound cream medication Ketoprofen 25%/ Flurbiprofen 25% is not medically necessary.

**Limbrel 500mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 2/23/15), Medical food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Limbrel (flavocoxid).

**Decision rationale:** The MTUS / ACOEM did not address the use of Limbrel therefore other guidelines were consulted. Per the ODG, Limbrel is not recommended based on additional evidence of adverse effects. It had been under study as an option for arthritis in patients at risk of adverse effects from NSAIDs. Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of two flavonoids (baicalin and catechins). It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes. It is not recommended as a first-line drug, but only after first-line drugs have been trialed and found to produce adverse effects or a history of adverse effects with use is obtained. A review of the injured workers medical records that are available to me do not show that the injured worker has tried and failed all other recommended first line therapy and therefore the request for Limbrel 500mg #60 is not medically necessary.

**Compound cream Cyclobenzaprine 25%:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Cyclobenzaprine is not recommended for topical use. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed therefore based on the guidelines the request for Compound cream Cyclobenzaprine 25% is not medically necessary.

**Compound cream Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and tramadol is not recommended for topical use, therefore the request for compound cream tramadol is not medically necessary.