

<b>Case Number:</b>	CM15-0084374		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Emergency 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 61-year-old female who sustained a work related injury August 25, 2011. Past history included s/p right total knee arthroplasty. According to re-evaluation physical therapy notes, dated April 5, 2015, the injured worker is post-operative left total knee arthroplasty, October, 2014. She is making progress in physical therapy; able to stand in place for 10 minutes, ease of dressing, doing laundry, walking one mile in the pool and a half a mile on land. There is swelling in the left knee with girth measurement 52.8 (compared to 52cm on right) limitations in range of motion and strength. There are also complaints of neck pain from whiplash, limiting left lower extremity strengthening tolerance due to pain. According to a primary treating physician's progress report, dated April 8, 2015, the injured worker complains of bilateral knee pain with increased activity. Assessment included s/p left total knee arthroplasty 10/16/2014; right pes/TB/patella tendonitis. Treatment plan included continuing aquatic therapy, home exercise program, ice and request for authorization for Flurbiprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FBCGL: Flurbiprofen, Baclofen, Cyclobenzprine, Gabapentin, Lidocaine 240 grams with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter).

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

**Decision rationale:** The requested FBCGL: Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin, Lidocaine 240 grams with 5 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has bilateral knee pain with increased activity. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, FBCGL: Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin, Lidocaine 240 grams with 5 refills is not medically necessary.