

<b>Case Number:</b>	CM14-0135692		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/11/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 case involves a 59 year old male with a date of injury on 10/11/2012. Diagnoses include posttraumatic knee arthritis and status post tibial plateau fracture. Subjective complaints are of left knee and hip pain. Physical exam shows tenderness over the cervical spine and left hip tenderness. The left knee has some subpatellar crepitus and trace swelling. Medications include Celebrex, Methocarbamol, Oxycodone/Apap, and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, Ketamine 15%, Tramadol 5%, Bupivacaine 1%, Clonidine 0.1% to apply 4 x daily x 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

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

**Decision rationale:** CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines Flurbiprofen, Bupivacaine, Clonidine, Ketamine, and Tramadol. Guidelines do not recommend topical Tramadol as no peer-reviewed literature support its use. Lidocaine is only

recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Ketamine is noted as being under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The use of this compounded medication is not consistent with guideline recommendations. Therefore, the request is not medically necessary.