

<b>Case Number:</b>	CM14-0149868		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Neuromusculoskeletal 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:

The patient is a 36-year-old male who sustained a work related injury on 12/24/2012 as result of moving a stove and a refrigerator to set a rodent trap, when he felt a tear and pain in his low back and fell to his knee, injuring his right knee. Since then he has had a complaint of constant upper back pain that is moderate to occasionally severe that radiates to his left arm with associated numbness and tingling. Additionally, he complains of mid to lower back pain, also rated as moderate to occasionally severe that radiates to his right hip and knee. His pain worsens upon prolonged standing and improves with rest. Last he has right knee pain that is also rated as moderate to occasionally severe. He reports clicks, grinding and giving way of the knee. His pain is worsened by prolonged standing. Upon examination, his cervical and thoracolumbar spine is tender to palpation with spasm of the suboccipital and paraspinal musculature. Neurologically, he has a positive sitting Root test. His right knee exam demonstrates tenders to palpation along the medial and lateral aspect of the knee with limited range of motion secondary to pain with a positive McMurray's test. In dispute is a decision for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm and Capsaicin 0.025 %, Flurbiprofen 20 %, Tramadol 15 % Menthol 2% Camphor 2% 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Although the patient has a documented complaint of neuropathic pain, there is no documentation of having failed antidepressant treatment trial. The request for the topical analgesic cream is not medically necessary.

**Capsaicin 0.025 %, Flurbiprofen 20 %, Tramadol 15 % Menthol 2% Camphor 2% 180gm:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Although the patient has a documented complaint of neuropathic pain, there is no documentation of having failed antidepressant treatment trial. The request for the topical analgesic cream is not medically necessary.