

<b>Case Number:</b>	CM14-0162243		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/25/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Emergency Medicine and is licensed to practice in California. 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 is a patient with reported date of injury on 2/5/2009. Mechanism of injury is claimed to be from a fall injuring R knee. Patient has a diagnosis of lumbar sprain/strain, failed R total knee replacement post revision and L total knee replacement-successful. Medical reports reviewed last report available until 8/26/14. Patient complains of bilateral knee pain, worse with walking and improved with medications. Objective exam reveals dementia. Knee exam notes scar, stiffness. Limited range of motion and ambulates with a cane. X rays of knee were reviewed. Last was from 3/14 that revealed some loosening of prosthesis at R knee. Urine Drug Screen (8/26/14) was appropriate. Current medications include Tramadol and topical cream. Independent Medical Review is for Compound Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%, #120gm. Prior UR on 9/5/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1,120 gm:** 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:** As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Patient appears to be on this medication chronically. While there is report of improvement, provider has not appropriately documented close monitoring for potential side effects of chronic topical NSAID use. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 3) Camphor: Non active fillers that may have some topical soothing properties. The active ingredients are not recommended therefore this compounded ointment is not medically necessary.