

<b>Case Number:</b>	CM15-0114223		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/04/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 2/4/15. The injured worker has complaints of left knee pain. The diagnoses have included capsular sprain, left knee and patella-femoral pain syndrome with chondromalacia, lateral patella-femoral facet. The documentation on examination revealed that the left knee had effusion and pain to palpation at the patellar ligament and medial patellar retinaculum. Treatment to date has included magnetic resonance imaging (MRI) of left knee on 3/18/15 showed narrowing of the lateral patellofemoral compartment with moderate to high-grade chondromalacia of the articular cartilage overlying the lateral patellar facet with underlying subcortical cystic change and reactive marrow edema that may cause the patient pain; left knee X-rays on 5/4/15 showed medial and lateral compartment of left knee within normal limits, no osteochondral abnormalities, no soft tissue calcifications, patella-femoral view with decreased lateral facet joint space interval; celecoxib and transdermal cream (flurbiprofen 20% / lidocaine 5% / amitriptyline 5%). The request was for celecoxib 200mg, one tables daily, #60 and transdermal cream (flurbiprofen 20% / lidocaine 5% / amitriptyline 5%) 240gm, apply to affected area three times a day for joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celecoxib 200mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Selective COX-2 NSAIDS, for Celecoxib (Celebrex) Page(s): 22, 70-73.

**Decision rationale:** This patient presents with complaints of left knee pain. The current request is for Celecoxib 200mg #60. The RFA is dated 05/08/15. Treatment history includes medications. The patient was recommended modified duty. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS Chronic Pain Medical Treatment Guidelines, pg. 70-73 Selective COX-2 NSAIDS, for Celecoxib (Celebrex), states this is the only available COX-2 in the United States and that the Recommended Dose is 200 mg a day (single dose or 100 mg twice a day). According to progress report 05/08/15, the patient sustained a knee injury due to a slip and fall on 02/04/15. X-rays of the left knee revealed no fracture. The examination revealed that the left knee had effusion and pain to palpation at the patellar ligament and medial patellar retinaculum. The treater recommended Celecoxib for inflammation. This is a new prescription. NSAIDs are indicated by MTUS as first line treatment to reduce pain. However, Celebrex is not indicated for all patients according to guidelines. In this case, treater has not discussed GI complications, nor are there any indication that the patient has failed generic NSAID therapy. This request IS NOT medically necessary.

**Transdermal cream (Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5%) 240gm Qty: unspecified Refill: unspecified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** This patient presents with complaints of left knee pain. The current request is for Transdermal cream (Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5%) 240gm Qty: unspecified Refill: unspecified. The RFA is dated 05/08/15. Treatment history includes medications. The patient was recommended modified duty. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the

knee and elbow) or other joints that are amendable to topical treatment." Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. According to progress report 05/08/15, the patient sustained a knee injury due to a slip and fall on 02/04/15. X-rays of the left knee revealed no fracture. The examination revealed that the left knee had effusion and pain to palpation at the patellar ligament and medial patellar retinaculum. The treater recommended a Transdermal topical cream to be applied to affected area 3 times a day for joint pain. This is a new prescription. There is support for the use of Flurbiprofen for this patient's knee pain; however, the requested topical compound cream contains Lidocaine, which is not supported for topical use other than in a patch form. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.