

<b>Case Number:</b>	CM15-0126997		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/30/2002
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 67-year-old male with an industrial injury dated 10/30/2002 when he stepped on a rock and twisted his right knee. His diagnosis was left knee degenerative joint disease. Comorbid diagnoses included non-insulin-dependent diabetes, hypertension, morbid obesity, hyperlipidemia and bilateral lower extremity venous insufficiency. Prior treatment included right total knee arthroplasty, cortisone injections in left knee and viscosupplementation to left knee (Supartz). The most recent progress note dated 11/12/2014 notes the injured worker had developed compensatory left knee symptoms with arthritic changes on plain films. The provider noted the left knee had responded well to viscosupplementation, which had been completed in May 2014. He presented complaining of soreness rated as 6/10 along the medial aspect of the left knee with dull aching and throbbing pain. Physical exam of the left knee noted no flexion contracture. There was diffuse medial joint line condylar and peri-retinacula capsular tenderness. He walked without assistive devices. The calf was soft and he was distally neurovascularly intact. The provider notes x-rays of the left knee taken at visit showed no acute changes. The requested treatments are topical Flurbiprofen powder 360 units for thirty days quantity: 1 and topical Gabapentin powder, 360 units for thirty days quantity: 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Flurbiprofen powder 360 units for thirty days Qty: 1: Upheld**

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26  
MTUS (Effective July 18, 2009) Page 111-112 of 127. Topical Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; and NSAIDs, hypertension and renal function. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" In the case of this injured worker, there has been documentation of multiple pain medications (aside from oral NSAIDs) tried. However, there is no clear documented intolerance to oral NSAIDs, which are recommended as first line for arthritis by guidelines. In general, topical medications are recommended after a failed trial of oral pain medications. Given the lack of documentation, this request is not medically necessary.

**Topical Gabapentin powder, 360 units for thirty days Qty: 1: 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:** On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The guidelines clearly indicate that topical gabapentin has limited evidence to support its use, although the oral formulation is well studied in controlled trials. Therefore, the topical gabapentin is not medically necessary.