MAXIMUS Federal Services

| Case Number: | CM15-0171681 | | |
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| Date Assigned: | 09/14/2015 | Date of Injury: | 10/15/2012 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

## 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: Arizona, California
Certification(s)/Specialty: Family Practice

## 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 42 year old female, who sustained an industrial injury on 10-15-12. Medical record indicated the injured worker is undergoing treatment for osteoarthritis of right knee and old disruption of anterior cruciate ligament. Treatment to date has included knee brace, activity modifications, physical therapy, topical analgesics, and oral medications including Norco 10-325mg, Motrin 800mg, Voltaren XR; and knee injections (which made the pain worse). On 6-22-15, the injured worker complained of right knee pain rated 6 out of 10 with radiation to right foot which is unchanged from previous visit. On 8-3-15, the injured worker complains of increased pain, swelling, tenderness as well as weakness of right knee and notes her symptoms are getting worse. She notes her medications help to reduce her pain. Objective findings on 6-22-15 revealed tenderness to palpation at the tibial plateau wit restricted range of motion of right knee. Physical exam performed on 8-3-15 noted right swelling, crepitus, tenderness to palpation of medial and lateral joint line, varus deformity and pain with range of motion. On 6-29-15, a request for authorization was submitted for Cyclobenzaprine 2%, Baclofen powder 2%, Lidocaine 2%, Gabapentin powder 6%, Flurbiprofen 20%, Propylene Glycol liquid, Microderm base cream. On 8-12-15, utilization review non-certified a request for Cyclobenzaprine 2%, Baclofen powder 2%, Lidocaine 2%, Gabapentin powder 6%, Flurbiprofen 20%, Propylene Glycol liquid, Microderm base cream noting topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, there is no supporting evidence of objective functional gains with prior use of a topical analgesic.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Baclofen powder 2%, Lidocaine 2%, Gababpentin powder 6%, Flurbiprofen 20%, Propylene Glycol liquid, Microderm base cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on oral NSAIDS. Topical NSAIDS can reach systemic levels similar to oral 'NSAIDS. Although the claimant had arthritis, long-term use of topical NSAIDS is not recommended. Since the compound above contains these topical medications, the Cyclo-benzaprine 2%, Baclofen powder 2%, Lidocaine 2%, Gabapentin powder 6%, Flurbiprofen 20%, is not medically necessary.