

<b>Case Number:</b>	CM15-0175266		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 30 year old male, who sustained an industrial injury on November 15, 2013. The injured worker was diagnosed as having chronic left knee pain, rule out cartilaginous injury. On July 9, 2015, the injured worker reported frequent left knee pain when walking and/or standing. He reported that ibuprofen helped. The physical exam revealed strength of the lower extremity muscles equaled 5 out of 5, decreased flexion and extension of the left knee, left patellar crepitation, and tenderness to palpation of the left knee. Per the treating physician (July 9, 2015 report), the injured worker reported a MRI of the left knee was performed, but the date and results were not included in the provided medical records. Per the treating physician, the employee had returned to work. Treatment has included a knee brace, crutches, a cane, and medications including pain and non-steroidal anti-inflammatory (Celebrex and Ibuprofen). On July 27, 2015, the requested treatments included Flurbiprofen 25%, Lidocaine 5%, and Menthol 5%, Camphor 1% Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: CMPD: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% Cream #1 Tube (DOS: 07/09/2015): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." FLURBIPROFEN (NOT RECOMMENDED). MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. LIDOCAINE (RECOMMENDED AFTER FAILURE OF 1ST LINE). ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine. "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. MENTHOL-ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." Since this compound contains a substance that is not recommended, the request for CMPD: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% Cream #1 tube (DOS 7/10/15) is not medically necessary.