

<b>Case Number:</b>	CM15-0070171		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 38-year-old male with an industrial injury dated 09/06/2012. His diagnoses include status post right wrist fusion and left knee internal derangement. Prior treatments included surgery, injections, medications and diagnostics. The injured worker presents on 03/25/2015 with complaints of pain in right upper extremity. He describes a constant, dull and sometimes sharp pain in the area. He also complains of ongoing left knee pain. Physical exam revealed a well-healed surgical scar over the distal forearm. There was decreased grip strength and reduced range of motion with wrist flexion and extension. The plan of treatment included anti-inflammatory medication and a compounded medication (cream) for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10 Percent, Cyclobenzaprine 2 Percent, Lidocaine 5 Percent, Gabapentin 6 Percent, Ketamine 10 Percent, (FCLGK) 240 Gram with No Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend 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." 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. MTUS states that topical Gabapentin is "Not recommended." Further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Flurbiprofen 10 Percent, Cyclobenzaprine 2 Percent, Lidocaine 5 Percent, Gabapentin 6 Percent, Ketamine 10 Percent, (FCLGK) 240 Gram with No Refill is not medically necessary.