

<b>Case Number:</b>	CM15-0078520		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic hand and knee pain reportedly associated with an industrial injury of June 5, 2012. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for several topical compounded medications. The claims administrator referenced an April 9, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 9, 2015, the attending provider appealed a request for previously denied viscosupplementation injection therapy. On March 31, 2015, the attending provider appealed previously denied topical compounded medications. In a progress note dated February 25, 2015, the applicant reported ongoing complaints of knee and hand pain. The applicant was placed off of work, on total temporary disability. The applicant's medication list included Prilosec, verapamil, albuterol, QVAR, nitroglycerin, Motrin, niacin, and Zofran, it was reported. The applicant was severely obese, with a BMI of 36. Primary operating diagnosis of knee arthritis was reported. The applicant also had peripheral vascular disease, it was stated. On January 28, 2015, authorization was sought for total knee arthroplasty procedure, while Naprosyn, Relafen, Norflex, Zanaflex, and Norco were renewed and/or continued. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% 30 gram cream (Flurbiprofen 6 grams, lidocaine 1.5 grams) in a verapro base, 22.5 grams): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Pain Mechanisms Page(s): 111-112; 3.

**Decision rationale:** No, the request for a flurbiprofen-lidocaine containing topical compounded medication was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, the secondary ingredient in the compound, is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first therapy with antidepressants and/or anticonvulsants, here, however, the applicant's presentation was not, in fact, suggestive of neuropathic pain. The applicant was given a primary operating diagnosis of knee arthritis, i.e., a condition non-classically associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by symptoms of electric shock like, lancinating, numbing, tingling, and/or burning sensations. The attending provider did not, furthermore, clearly outline evidence of anticonvulsant adjuvant medications and/or antidepressant adjuvant medication failure. Since the lidocaine component in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Naprosyn, Relafen, Daypro, Norflex, Ultram, Norco, Zanaflex, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

**Gabapentin 10% 30 gram cream (gabapentin powder 3 grams, amitriptyline 1.5 grams, capsaicin 0.0075 grams, vesapro base 25.49 grams): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** Similarly, the request for gabapentin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

