

<b>Case Number:</b>	CM15-0096642		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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:

This 50-year-old female sustained an industrial injury on 7/16/13. She subsequently reported left knee pain. Diagnoses include left knee strain, tendinitis and left knee internal derangement. Treatments to date include MRI and x-ray testing, acupuncture, chiropractic care, physical therapy and prescription pain medications. The injured worker currently experiences left knee pain. Upon examination, there was tenderness to palpation over the medial and lateral joint line. Decreased sensation, reduced range of motion and diminished strength in the left knee was noted. A request for Compound cream (Capsaicin 0.025%, Flurbiprophen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% #180 grams) and Compound cream (Cyclobenzaprine 2%, Flurbiprophen 25%, #180) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream (Capsaicin 0.025%, Flurbiprophen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% #180 grams): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines topical analgesics Page(s): 111 and 112.

**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 Gabapentin is not recommended due to lack of evidence. In addition, the claimant had been provided the above compound in combination with other topical analgesics. There is no evidence of benefit in multiple topical analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.

**Compound cream (Cyclobenzaprine 2%, Flurbiprophen 25%, #180):** 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): 111-112.

**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 is not recommended due to lack of evidence. In addition, the claimant had been provided the above compound in combination with other topical analgesics. There is no evidence of benefit in multiple topical analgesics. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.