

<b>Case Number:</b>	CM13-0031112		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old female who reported an injury on 03/16/2010 due to a fall at work. No x-ray or EMG was performed on that day at the medical clinic. The injured worker verbalized a bilateral complaint of knee pain as 9/10. The right knee was addressed, cleaning an abrasion and sent back to work the next day. The injured worker received Norco, Prilosec, Anaprox, Zanaflex and Ambien for symptoms presented. On 08/26/2010 the injured worker was assessed and diagnosed with bilateral medial meniscal tears; the right knee received a positive McMurray's sign medially with edema noted. The patellar tendon is tender to touch and a negative Grind maneuver was observed. The left knee presents with edema and tenderness above the joint line. Flexion is 120 degrees and extension is zero degrees. A positive McMurray's sign medially was observed. Anterior drawer and negative Lachman maneuvers were noted. No pain scale documented on this office visit. A follow-up appointment on 12/08/2011 was conducted with the injured worker. Bilateral knee pain was reported to be 7/10. Range of motion to left knee flexion was 98 degrees and extension was 6 degrees. Range of motion to right knee flexion was 94 degrees and extension was 4 degrees. Physicians wish to prescribe two topical retro compounded medications: FLUR/CAPS/MEN/CAM 20%/0.25% and KETOPROFEN/CYCLOBENAPRINE 10%/10% for pain. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO COMPOUND MEDICATIONS DOS 09/24/09; FLUR/CAPS/MEN/CAM 20%/0.025%:** 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): 111-113.

**Decision rationale:** The request for RETRO COMPOUND MEDICATIONS FLUR/CAPS/MEN/CAM 20%/0.025% is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is not approved for pain management for medial meniscal tears. In addition, the request does not include the quantity or frequency. As such, the request is not medically necessary.

**RETRO COMPOUND MEDICATIONS DOS 09/24/09; KETOPROFEN/CYCLOBENAPRINE 10%/10%:** 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): 111-113.

**Decision rationale:** The request for RETRO COMPOUND MEDICATIONS KETOPROFEN/CYCLOBENAPRINE 10%/10% is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not approved for topical application pain management by the FDA and has a high incidence of photo contact dermatitis. Guidelines also do not recommend the topical use of muscle relaxers. The request does not include the quantity or frequency. As such, the request is not medically necessary.