

<b>Case Number:</b>	CM13-0038988		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/19/2007
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Illinois and 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 patient is a 68-year-old male who reported a work-related injury on 11/19/2007 as a result of strain to the right knee. Subsequently, the patient presents for treatment of the following diagnoses: bilateral knee degenerative joint disease status post left knee arthroscopy as of 05/2009, status post right knee arthroscopy 09/2009, bilateral knee arthrosis status post right total knee replacement as of 06/2010. The clinical note dated 08/23/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued residual bilateral knee pain left greater than right. The patient was seen in clinic for a Synvisc injection into the left knee, which the provider documented the patient reported significant pain relief previously with this intervention. Examination of the bilateral knees revealed tenderness to palpation over the medial and lateral joint line. There was also audible crepitation upon flexion and extension bilaterally. The provider documented the patient was administered medications to include the following: Cartivisc, transdermal analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine cream 15/10% cream 180 gm:** Upheld

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

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

**Decision rationale:** The current request is not supported. The California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all the above, the request for Flurbiprofen/Cyclobenzaprine cream 15/10% cream 180 gm is neither medically necessary nor appropriate.

**Tramadol/ Gabapentin/ Menthol/ Camphor cream 8/10/2/2% cream 180 gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given all the above, the request for Tramadol/ Gabapentin/ Menthol/ Camphor cream 8/10/2/2% cream 180 gm is neither medically necessary nor appropriate.