

<b>Case Number:</b>	CM13-0044940		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/25/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant is a represented 37-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of February 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; multiple prior knee surgeries; and topical compounds. In a Utilization Review Report of October 16, 2013, the claims administrator did deny a request for a topical compound. The applicant's attorney subsequently appealed. In an earlier note of June 29, 2013, the applicant is described as remaining off of work pending further knee surgery. On October 7, 2013, the attending provider stated that he was seeking authorization for Synvisc injections for a diagnosis of knee arthritis. The applicant was given prescriptions for oral Dyotin (Gabapentin) along with several topical compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAFLEX CREAM:** 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:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the ingredients in the compound in question, Flexeril, is in fact a muscle relaxant. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's successful usage of first-line oral Gabapentin does obviate the need for the topical agent in question, as suggested on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. For all the stated reasons the request is not medically necessary.