

<b>Case Number:</b>	CM13-0045235		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 has a subspecialty in Pain Management 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 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:

This patient reported a date of injury of 4/18/13. A utilization review determination dated 10/30/13 recommends non-certification of topical medications flurb/cap/menth/camp/ultra and keto/cyclo/lido/ultra. A progress report dated 12/6/13 identifies subjective complaints including persistent pains of the mid back, low back, and right knee. Low back pain radiates to the right buttocks with numbness. Objective examination findings identify ambulation with a single point cane. L/S pain at end ranges and TTP L3-S1, positive SLR of the RLE, T/S TTP paraspinals, right knee TTP joint line, restricted ROM. Diagnoses include L/S disc; thoracic disc; RT knee ST/SP with partial thickness tears of ACL; anxiety disorder. Treatment plan recommends resume chiropractic therapy, transportation services to and from therapy and doctor appointments due to pain caused by injury, spine surgeon eval, and FCMC/KETO creams for in home pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb/Cap/Menth/Camp/Ultra for the right knee, duration and frequency unknown:**

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): 111-113.

**Decision rationale:** Regarding the request for Flurb/Cap/Menth/Camp/Ultra, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Furthermore, there is no clear rationale for the use of these topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurb/Cap/Menth/Camp/Ultra is not medically necessary.

**Keto/Cyclo/Lido/Ultra for the right knee, duration and frequency unknown:** 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): 111-113.

**Decision rationale:** Regarding the request for Keto/Cyclo/Lido/Ultra, California MTUS cites that topical ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Muscle relaxants such as cyclobenzaprine are not supported by the CA MTUS for topical use. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has not been documented. Furthermore, it is supported only as a dermal patch. Furthermore, there is no clear rationale for the use of these topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Keto/Cyclo/Lido/Ultra is not medically necessary.