

<b>Case Number:</b>	CM13-0045244		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/24/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Surgery 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 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:

This is a 82 year old claimant who reported an industrial injury on 7/16/2008. The initial exam findings are not available for review but the claimant has reported to her subsequent physicians that she sustained the industrial injury as an employee of the [REDACTED] where she was a caretaker of autistic and disabled children. It is reported that one of the children under her care pulled on her arm and made her fall on her knees. The claimant is noted to have bilateral knee pain. There is radiographic evidence of severe osteoarthritis of both knees. There are no notes outlining the length and duration of the physical therapy afforded this claimant during the acute phase of care. The request is for physical therapy 2 times a week for 6 weeks and a compounded topical medication consisting of flurbi profen and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 474. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG) KNEE CHAPTER, PHYSICAL THERAPY.

**Decision rationale:** The claimant has chronic pain in bilateral knees as a consequence of severe arthritis. The claimant has been afforded physical therapy and should do just as well with a self directed Home Exercise program. A monitored physical therapy program is not medically necessary.

**COMPOUND CREAM (FLURBIPROFEN 10% DICLOFENAC 6% INDOMETHACIN 6% LIDOCAINE 5%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDING MEDICATIONS, Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, TOPICAL ANALGESICS.

**Decision rationale:** Compounded analgesics with at least one medication that is not recommended make the compounded medication not recommended. Flubiprofen is a NSAID which has not been approved for topical use. Indomethacin is another NSAID not approved for topical use. While diclofenac is approved as Voltaren gel for topical use, the compounding with indomethacin and flubiprofen is duplicative and not approved or supported by any medical literature. Therefore the compounded medication is not approved and not certified.