

<b>Case Number:</b>	CM13-0054320		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 04/11/2000. The treating diagnoses include degenerative disc disease at L5-S1 and tricompartmental osteoarthritis of the knees. This patient was seen in initial orthopedic evaluation on 08/01/2013 by the requesting physician. At that time the patient presented with bilateral knee and low back pain. The treating physician reviewed the patient's mechanism of injury a decade ago when the patient was working picking up boxes on a regular basis and had twisting injuries to her knees and over time developed progressive pain in her lower back and both knees, left greater than right. The treating physician noted the patient had been treated with multiple procedures to her left knee, including four knee surgeries prior to her industrial injury and an additional knee surgery in 2003 to the left knee. The patient also had a history of low back surgery prior to the industrial injury. The treating physician noted that plain films of the right knee and tibia showed severe advanced tricompartmental osteoarthritis, and plain films of the left knee and tibia showed severe advanced tricompartmental osteoarthritis. Plain films of the lumbosacral spine showed advanced degenerative disc disease at multiple levels. The treating physician diagnosed the patient with tricompartmental osteoarthritis of both knees and degenerative disc disease of the lumbar spine. The treating physician planned aggressive, nonoperative treatment including physical therapy and aquatic therapy and some medications. An initial physician review recommended non-certification of Theraflex given the lack of supporting diagnosis or clinical rationale in the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE THERAFLEX CREAM 180GM, 2-3 TIMES DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** The Medical Treatment Utilization Schedule section on topical analgesics states that this class of medications is largely experimental with few randomized controlled trials to determine efficacy. This treatment guideline recommendations documentation of the specific rationale and mechanism of action of each component in a compounded or topical medication. The medical records in this case do not provide such a rationale or proposed mechanism of action for the requested topical Theraflex Cream. It is not clear from the medical records why topical rather than oral treatment has been requested, and it is not clear why this particular medication or cream would be proposed for this patient's underlying osteoarthritis of the knees or degenerative disc disease of the spine. This request is not medically necessary.