

<b>Case Number:</b>	CM13-0055804		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/06/1991
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Orthopedic Surgery 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 claimant is a 52-year-old gentleman who sustained bilateral knee injuries on November 6, 1991, during a fall out of a motor vehicle. The records provided for review document prior knee arthroscopies. A clinical assessment dated September 25, 2013, documents the history of bilateral knee surgeries and provides a diagnosis of bilateral osteoarthritis, presently treated with Hydrocodone, Diclofenac, Cyclobenzaprine and topical compounding agents. Radiographs reviewed on that date show advanced degenerative changes bilaterally. The claimant is also noted to have been treated with Intra-articular corticosteroid injections. This request is for Theraflex cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAFLEX CREAM 180GM:** 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:** California MTUS Guidelines would not support the use of Theraflex cream as medically supported. Theraflex is a topical compound that contains several ingredients

including Capsaicin. The Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized clinical trials demonstrating their long-term efficacy or safety. The use of Capsaicin is recommended only as an option in individuals who have not responded to or are intolerant of other forms of treatment. Given the claimant's diagnosis of advanced underlying degenerative arthrosis and current use of multiple other oral agents, the need for Theraflex cream, a second-line topical agent, cannot be recommended as medically necessary, and this request would not be considered medically necessary.