

<b>Case Number:</b>	CM14-0005761		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 has filed a claim for knee and leg pain reportedly associated with an industrial injury of May 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; several weeks off of work; and right knee arthroscopy on January 12, 2014. A January 10, 2014 progress note was notable for comments that the applicant was using oral Tylenol for knee pain. In a request for authorization performed dated November 28, 2013, the attending provider sought authorization for topical Fluriflex and tramadol as well as consultation with a GI specialist. The applicant was concurrently given a prescription for oral tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL COMPOUND MEDICATION: FLURIFLEX 180 GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** One of the ingredients in the compound is Flexeril and muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound carries an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**TGHOT 180 GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first line palliative method. In this case, the applicant is reportedly successful usage of first line oral tramadol effectively obviates the need for the topical compounded TGHOT cream which is, as a class, deemed largely experimental, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not medically necessary, on independent medical review.