

<b>Case Number:</b>	CM14-0104986		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 39-year-old male who sustained an injury on 2/11/14. As per the 9/25/14 PR2 report, he presented with persistent pain in the lower back and right hip. He rated the pain at 6/10 and the pain was made better with rest and medication and made worse with activities. Examination revealed decreased range of motion with right greater than left tenderness to the paraspinals, positive Kemp's sign bilaterally, tenderness over the iliac crest with decreased range of motion, and positive Patrick's. X-ray of the pelvis, AP two views, dated 5/12/14 was normal. MRI of the right hip dated 6/12/14 revealed subtle tear of the anterior right acetabular labrum. He is currently on Motrin that helps his pain from a 6/10 down to a 3-4/10. He has failed a short course of physical therapy. During the initial visit to the primary treating physician on 5/12/14, topical Flurbiprofen/Cyclobenzaprine/Menthol cream was recommended to minimize his pill intake. Kera-tek analgesic gel and physical therapy for lumbar spine were also recommended during the latest visit on 9/25/14. Diagnoses include right hip strain, right groin pain; rule out inguinal hernia, and lumbar spine strain with radiation to right lower extremity, rule out disc herniation. The request for Flurbiprofen 20%/Cyclobenzaprine10%/Menthol cream 14%, 180 grams amount one was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Cyclobenzaprine10%/Menthol cream 14%, 180 grams amount one.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain medical Treatment Guidelines: Topical Analgesics.

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

**Decision rationale:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines, Flurbiprofen and cyclobenzaprine are not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.