

<b>Case Number:</b>	CM14-0013829		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 patient is a 51-year-old male who has filed a claim for patellofemoral instability of the right knee associated with an industrial injury date of June 01, 2011. Review of the progress notes indicates progressive instability of the right knee, pain on the medial and lateral side of the right knee, and return of left knee pain due to overcompensating for the right knee. Findings include tenderness over the bilateral knees, and lateral tracking of the right knee with positive patellar apprehension. MRI of the right knee dated June 05, 2013 showed medial and lateral meniscal degeneration, post-op changes at the patella with lateral patella tilt, increased tibial tubercle trochlear groove distance, and mild chronic sprain of the medial collateral ligament. Treatment to date has included unspecified medications, physical therapy, knee bracing, intraarticular cortisone injection to the right knee, right knee surgery (date unspecified), and left knee arthroscopic surgery in September 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Dyotin SR 250mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** As stated on pages 16-18 in the California MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. In this case, there is no documentation regarding neuropathic pain to support this request. Therefore, the request is not medically necessary.

**60 Flurbitac 100/100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

**Decision rationale:** The California MTUS, Official Disability Guidelines, and an online search do not discuss Flurbitac. The components of this compound medication is not known. Regarding flurbiprofen, as stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. There is no indication regarding use of a compound medication, or of guideline recommendation regarding Flurbitac. Therefore, the request is not medically necessary.

**Theraflex transdermal cream 20%/10%/4% (Flurbiprofen) 180mg:** Upheld

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Theraflex cream contains flurbiprofen and cyclobenzaprine. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. In this case, the noted compound medication is not recommended and there is no discussion concerning the need for variance from the guidelines. There is no documentation regarding intolerance to or failure of conventional oral pain medications. Therefore, the request is not medically necessary.

**Keratek gel 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** An online search indicates that Keratek contains menthol and methyl salicylate. Regarding Menthol, the California MTUS does not cite specific provisions, but the Official Disability Guidelines state that the FDA issued an alert in 2012 indicating that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin may in rare instances cause serious burns. Page 105 of the California MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request is not medically necessary.