

<b>Case Number:</b>	CM14-0019904		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

This is a 62-year-old male with a 03/26/2007 date of injury. A specific mechanism of injury was not described. 1/11/14 determination was non-certified given that the medication is not supported by the guidelines as being medically necessary. 1/27/14 medical report identified constant, aching low back and left knee pain. Rated 7-8/10. Exam revealed decreased lumbar range of motion and positive SLR on the left. Tenderness to palpation over the medial and lateral joint lines on the left with decreased range of motion. Diagnoses include strain/sprain lumbar spine, status post left knee compartment replacement on 7/1/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Compound Flurbiprofen/Menthol/Camphor/Capsaicin (Dos: 10/25/13), duration and frequency unknown:** 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): 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen

and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity for this compound medication was not substantiated.