

<b>Case Number:</b>	CM14-0023227		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic knee pain reportedly associated with an industrial injury of May 12, 2012. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; topical compounded drugs; knee partial lateral meniscectomy procedure on July 30, 2013; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a request for several topical compounded drugs. In an earlier progress note of August 14, 2013, the claimant was described as using a variety of oral pharmaceuticals, including Norco, Voltaren, and Flexeril, for pain relief. The claimant was placed off of work, on total temporary disability. On September 25, 2013, the claimant was again furnished prescriptions for oral Norco, Voltaren, Flexeril, and Neurontin in addition to topical compounded Theraflex and Keratek. The claimant was given work restrictions; however, it did not appear that the claimant's employer was able to accommodate said limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: THERAFLEX TRANSDERMAL CREAM 20%/10%/4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** One of the ingredients in the compound is Cyclobenzaprine or Flexeril, a muscle relaxant. The MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered not recommended, per the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Compound: Theraflex Transdermal Cream 20%/10%/4% is not medically necessary and appropriate.

**(FLURBIPROFEN): KERATEK GEL 4OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The MTUS/ACOEM Guidelines in Chapter 3, state that oral pharmaceuticals are a first-line palliative method. In this case, the patient's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Neurontin, Flexeril, etc., effectively obviates the need for what MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical medications such as the Keratek gel proposed here. Therefore, the request for (Flurbiprofen): Keratek Gel 4 oz. is not medically necessary and appropriate.