

<b>Case Number:</b>	CM14-0063823		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 and is licensed to practice in Illinois. 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 31-year-old female who reported an injury on 11/13/2013. The mechanism of injury was not provided for clinical review. The diagnoses included right knee sprain/strain, right ankle sprain/strain, medial meniscal tear, right ankle effusion, right ankle tenosynovitis, right ankle edema and insomnia. Previous treatments included medication. Diagnostic testing included an MRI of the knee and ankle. Within the clinical note dated 04/18/2014 it was reported the injured worker complained of constant knee pain which was rated as moderate to occasionally severe. The injured worker complained of right ankle pain which was rated as mild to occasionally moderate. Upon the physical examination the provider noted tenderness to palpation of the patella and infrapatellar. The provider indicated the injured worker had limited range of motion secondary to pain. The range of motion of the left knee was flexion at 95% and the right knee flexion at 79%. The provider noted the injured worker to have tenderness to palpation over the medial and lateral ankle. The provider requested for capsaicin/flurbiprofen/tramadol/menthol/camphor, cyclobenzaprine/flurbiprofen. However, the rationale was not provided for clinical review. The Request for Authorization was provided and dated 04/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, tramadol 15%, Menthol 2%, Camphor 2% 240gm:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-113.

**Decision rationale:** The request for capsaicin 0.025%, flurbiprofen 15%, tramadol 15%, menthol 2%, camphor 2% 240 g is non-certified. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The guidelines note capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines note flurbiprofen is recommended for osteoarthritis in mild to moderate pain. Tramadol is a centrally acting synthetic opioid analgesic, and it is not recommended as a first line oral analgesic. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The requests submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short-term of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 20% 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 72, 111-112.

**Decision rationale:** The request for cyclobenzaprine 2%, flurbiprofen 20% 240 g is non-certified. The California MTUS Guidelines note topical NSAIDs are recommended for the use for osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The guidelines note flurbiprofen is recommended for osteoarthritis and mild to moderate pain. The guidelines note cyclobenzaprine is recommended as an option, using a short course of therapy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guidelines' recommendation of short-term use of 4 to 12 weeks. Therefore, the request is not medically necessary.