

<b>Case Number:</b>	CM14-0085824		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 38-year-old female who reported an injury on 03/10/2014. The mechanism of the injury was a slip and fall. The 03/27/2014 clinical note reported the injured worker had a contusion of the left elbow, face scalp/neck, and a contusion on the hip. She also had history of migraine headaches. She had ice/heat treatment at home, was given an elbow splint, and it was also noted that she was supplied with a thermophore electric moist heat pad. The note showed the injured worker was referred to physical therapy for evaluation and treatment. The injured worker had an X-ray of the right hip, which was interpreted to be normal. She also had an X-ray of the left elbow, and her skull which preliminarily showed to be normal. Surgical history was not provided. On 03/27/2014, she reported her pain scale at 8/10. As reported in the 03/27/2014 clinical note, the injured worker was having moderate to severe dull left elbow pain, and "major neck and back pain". The injured worker had 4/4 deep tendon reflexes in the left upper extremity. It was noted the injured patient was taking Topamax and nothing else for hip/elbow pain. The treatment plan was for: Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%, 10%, 4%) 180gm and Kera-Tek Analgesic Gel. The rationale for the request and the request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Menthol cream (20%,10%,4%) 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 106, 111-113.

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

**Decision rationale:** Based on the information submitted for review, the request for: Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%, 10%, 4%) 180 gm is not medically necessary. The injured worker reportedly slipped and fell at work. She suffered a contusion to her hip and left elbow. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in used with few randomized controlled trials to determine efficacy or safety. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent an how it will be useful for the specific therapeutic goal required. There is insufficient clinical documentation to support the use of topical analgesics versus oral medication. Additionally, any compounded product that contains at least one drug that is also not recommended is not recommended. In regard to Flurbiprofen, the guidelines state that topical use of NSAIDs may be supported for the short-term treatment of osteoarthritis pain in joints. However, the guidelines state that topical muscle relaxants are not recommended as there is no evidence for use of any muscle relaxant as a topical product. As the requested compound contains Cyclobenzaprine which is not recommended, the compound is also not supported. As such, the request for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%, 10%, 4%) 4gm is not medically necessary.

**Kera-Tek Analgesic gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid+5527b965-615b-4eff-8597-Bc3e2e626f61>.

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Pain Interventions and Treatments, Topical Analgesics, page 111-113, the request for Kera-Tek (Menthol, Methyl Salicylate) is not medically necessary. The injured worker reportedly slipped and fell at work. She suffered a contusion to her hip and left elbow. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in used with few randomized controlled trials to determine efficacy or safety. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent an how it will be useful for the specific therapeutic goal required. There is insufficient clinical documentation to support the use of topical analgesics versus oral medication. Additionally, the request did not include a dose, frequency, or quantity. As such, the request for Kera-Tek Analgesic Gel is not medically necessary.

