

<b>Case Number:</b>	CM14-0091981		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Family 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:

This 41-year old test technician reported injuries to his left knee and low back after he tripped, twisted his left knee, and fell backwards on 7/20/12. Initial treatment was conservative, and left knee arthroscopic meniscal repair was performed on 1/23/13 when he didn't respond to it. A right knee injury occurred subsequently which was judged to be compensatory in a QME evaluation performed 2/11/14. It is not clear whether the insurance company has accepted the R knee injury. The current primary physician, an orthopedist, first evaluated the patient on 4/17/14. The patient was noted to be obese (73 inches, 245 lbs, BMI 32.3). He had tenderness of the right medial joint line, slightly decreased right knee flexion and a positive McMurray test. Diagnoses include right knee strain/rule out meniscal tear; and L knee meniscal tear, status post arthroscopy. He requested authorization for a right knee MRI, for a urine drug screen, and for Flurbiprofen/Cyclobenzaprine/Menthol cream, 20%/10%/4%, 180 gm. He includes a long rationale from a non-MTUS source that includes a statement that this medication is transdermal and not topical, and quotes MTUS page 111 as evidence for this statement. The rationale states that transdermal agents are important for allowing the injured patient to return to work and to tolerate physical therapy. He filled out a request for authorization for Motrin, MRI of the right knee and Flurbiprofen/Cyclobenzaprine/Menthol compounded cream on 5/6/14. The request was received in UR on 5/14/14, and non-certified on 5/21/14. A request for IMR of this decision was generated on 6/6/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL COMPOUNDED CREAM FOR THE RIGHT KNEE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical analgesics Page(s): 60,111-113.

**Decision rationale:** The primary physician's attestation to the contrary, the requested cream is a topical medication and not a transdermal medication. A transdermal medication is an adhesive patch which delivers controlled release of a medication, such as Scopolamine or Duragesic. Page 111 of the reference above, as quoted by the primary provider's reference, states that "topical analgesics work underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means, such as Duragesic". The requested cream has no controlled release delivery system and is clearly intended to work locally. It is a topical medication, not a transdermal one. MTUS Chronic Pain Medical Treatment Guidelines states that "medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it." MTUS Chronic Pain Medical Treatment Guidelines also state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: may be recommended, but only for short-term use (4-12 weeks) for osteoarthritis of the knee, elbow and other joints, excluding osteoarthritis of the spine, hip or shoulder. They are not recommended for neuropathic pain, as there is no evidence to support their use. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The clinical findings in this case do not support the use of topical Flurbiprofen/Cyclobenzaprine/Menthol cream. Starting this cream means that three medications are being started at once. If the patient improves or has side effects, it will be impossible to determine which medication was the cause. In addition, there is no documentation of any intent to monitor functional improvement after starting this cream. Flurbiprofen is an NSAID. Indications for topical NSAID use may include knee osteoarthritis, which is not a documented diagnosis in this case. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Cyclobenzaprine is a muscle relaxant, and there is no medical evidence for its use. Based on the evidence-based guidelines cited above and the clinical findings in this case, Flurbiprofen/Cyclobenzaprine/Menthol compounded cream is not medically indicated. Flurbiprofen/Cyclobenzaprine/Menthol compounded cream is not medically necessary because it contains three medications which are being started at once and cannot be monitored individually, because the treating physician has not documented any intention to monitor the patient's level of function in response to it, and because it contains one medication that is not FDA-approved for topical use, and one medication that has no evidence which would support its use as a topical medication.