

<b>Case Number:</b>	CM14-0093922		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on January 17, 2014. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated May 16, 2014 indicates that there are ongoing complaints of left knee pain which are stated to be improved. The physical examination demonstrated an antalgic gait favoring the left leg and restricted range of motion of the left knee with the inability to fully flex or fully extend. There was tenderness at the joint line and a positive Apley's compression test. Diagnostic imaging studies of the left knee dated April 16, 2014, shows a complex tear of the medial meniscus. Previous treatment includes is unknown. A request had been made for flurbiprofen/capsaicin/menthol/camphor and ketoprofen/cyclobenzaprine/lidocaine and was not certified in the pre-authorization process on June 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin/Menthol/Camphor (duration unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include menthol and camphor. Considering this, the request for flurbiprofen/capsaicin/menthol/camphor is not medically necessary.

**Ketoprofen/Cyclobenzaprine/Lidocaine (duration unknown):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents including cyclobenzaprine. Considering this, the request for ketoprofen/cyclobenzaprine/lidocaine is not medically necessary.