

<b>Case Number:</b>	CM14-0104014		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 patient is a 62 year old female with date of injury 3/30/12. The treating physician report dated 6/9/14 indicates that the patient presents with pain affecting both knees on a scale of 8/10 and both ankles on a scale of 4/10. The patient describes the pain as throbbing. The physical examination findings reveal tenderness of the knees, ankles and lumbar. Prior treatment history includes prescribed medications including Prilosec, Anaprox DS, Fexmid, Neurontin, Genicin, Tramadol, Somnicin, New Terocin, Flurbiprofen (NAP) Cream and Gabacyclotram. MRI findings of the left knee reveal a horizontal tear involving the posterior horn of the medial and lateral meniscus, a grade I sprain and knee joint effusion. MRI findings of the right knee reveal an oblique tear involving the posterior horn of the meniscus, a horizontal tear involving the anterior horn of the meniscus, partial tears of the medial collateral and anterior cruciate ligaments and knee joint effusion with arthritic changes. MRI findings of the lumbar spine reveal disc desiccation at L3-L4 to L5-S1, straightening of the lumbar lordotic curvature and diffuse disc herniation at L4-L5 and L5-S1. The current diagnoses are: 1. Knee multiple meniscal tears 2. Lumbar disc herniation 3. Lumbar radiculitis The utilization review report dated 6/24/14 denied the request for Flurbiprofen/Capsaicin/Menthol/Camphor (120gm) and Ketoprofen/Cyclobenzaprine /Lidocaine (120gm) based on the ODG section on chronic pain, subsection under medication-compound drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin/Menthol/Camphor (120gm):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication-Compound Drugs

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

**Decision rationale:** The patient presents with chronic pain affecting both knees and both ankles over 2 years post injury. The current request is for Flurbiprofen/Capsaicin/Menthol/Camphor (120gm). Regarding compound topical analgesics the MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS goes on to state for topical NSAIDs that they are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. In this case the treating physician has documented chronic pain affecting the knees with arthritic changes noted on MRI scan. The MTUS guidelines recommend topical NSAID for peripheral joint

**Ketoprofen/Cyclobenzaprine/Lidocaine (120gm): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, Medication-Compound Drugs

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

**Decision rationale:** The patient presents with chronic pain affecting both knees and both ankles over 2 years post injury. The current request is for Ketoprofen/Cyclobenzaprine/ Lidocaine (120gm). Regarding compound topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case the MTUS guidelines indicate Ketoprofen is not currently FDA approved for topical use and cyclobenzaprine states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." This request is not medically necessary.