

<b>Case Number:</b>	CM14-0178846		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Orthopedic Surgery 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 is a 46-year-old female with a 4/10/13 date of injury, when she fell and injured her left knee. The patient was seen on 9/9/14 with complaints of pain in the left knee, left shoulder, left groin and pain in the back. Exam findings revealed decreased range of motion of the left knee with pain. The patient was noted to be on Norco and Soma. The diagnosis is tear of the meniscus, ankle sprain and contusion of the shoulder. Treatment to date: work restrictions, left hip injections, aqua therapy, PT, Lidoderm patches and medications. An adverse determination was received on 10/15/14 given that there was no literature demonstrating that efficacy of topical agents was better than OTC agents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Ketoprofen 25 percent, Flurbiprofen 25 percent compound cream 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However the requested compound cream contained at least one drug, which was not supported due to the Guidelines. Therefore, the request for associated surgical service: Ketoprofen 25 percent, Flurbiprofen 25 percent compound cream 30 day supply was not medically necessary.