

<b>Case Number:</b>	CM14-0199379		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with a date of injury of 7/31/12. According to progress report dated 10/14/14, the patient presents with continued pain in the left knee. She recently has an open wound infection and received cephalexin for the injections and Norco for pain from ■■■ on 9/12. The patient reports numbness, stabbing, and electric shooting sensation in the lateral-anterior left lower leg. Physical examination revealed Antalgic gait and she is unable to flex her knee beyond 90 degrees. DTR of the right knee is 2+ and on the left 1+. The patient's pain overall is 3/10 and analgesic effect is 8/10. The listed diagnoses are:1. Left knee traumatic open wound infection, chronic2. B/L knee pain, worse on left3. Mild patellar compartment DJD 4. Gait impairment5. HTN6. Numbness in left leg7. ConstipationThe patient "wants to have more physical therapy." The request is for additional physical therapy 12 sessions and 2 topical compound creams for alternate use. The Utilization review denied the request on 11/3/14. Treatment reports from 5/6/14 through 11/24/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Lidocaine 5% 4gm: Upheld**

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

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

**Decision rationale:** This patient presents with continued pain in the left knee. The current request is for Flurbiprofen 20%, Lidocaine 5% 4mg. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration...Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient meets the indication for topical NSAID, but MTUS only allows Lidocaine in a patch form, rendering the entire compound cream invalid. The requested topical cream is not medically necessary.

**Cyclobenzaprine 10% Lidocaine 2% 4gm:** Upheld

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

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

**Decision rationale:** This patient presents with continued pain in the left knee. The current request is for Cyclobenzaprine 10%, Lidocaine 2%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration...Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, Cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. In addition, MTUS only allows Lidocaine in a patch form. The requested topical cream is not medically necessary.

**Physical Therapy x12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with continued pain in the left knee. The current request is for physical therapy x 12. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. The number of completed physical therapy visits to date and objective response to therapy were not documented in the medical reports submitted for this request. In this case, the provider's request for 12 sessions exceeds what is recommended by the MTUS guidelines. The requested physical therapy is not medically necessary.