

<b>Case Number:</b>	CM15-0002560		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53 year old male who sustained an industrial injury on 3/23/2013. He has reported left knee pain. The diagnoses have included osteoarthritis and joint pain. Treatment to date has included knee injections, home exercises, 18 sessions of physical therapy, knee bracing and medication management. Currently, the IW complains of ongoing left knee pain. A magnetic resonance imaging from 8/22/2014 noted a large posterior horn medial meniscal tear with myxoid degeneration. Treatment plans included a compound of Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%-10%-4% 180 grams. On 12/24/2014, Utilization Review non-certified Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%-10%-4% 180 grams, noting the lack of medical necessity. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound of Flurb/Cyclobenzaprine/Menthol Cream 20% 10% 4% 180 grams:** Upheld

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

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

**Decision rationale:** The patient presents with left knee pain rated 05/10. The request is for COMPOUND OF FLURB / CYCLOBENZOPRINE/ MENTHOL CREAM 20% 10% 4% 180 GRAMS. The RFA is not included. A magnetic resonance imaging from 8/22/2014 noted a large posterior horn medial meniscal tear with myxoid degeneration. The patient is off work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states "Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation." This review is for a compounded topical containing flurbiprofen, cyclobenzaprine, and menthol. MTUS states topical Cyclobenzaprine is not recommended, therefore the whole compounded topical product is not recommended. The request IS NOT medically necessary.