

<b>Case Number:</b>	CM15-0106583		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 55 year old male injured worker suffered an industrial injury on 09/12/2014. The diagnoses included unspecified internal derangement of the knee with left knee arthroscopy 2/11/2015. The diagnostics included left knee magnetic resonance imaging. The injured worker had been treated with physical therapy and surgery. On 5/12/2015 the treating provider reported left knee pain rated 9/10 with weakness and moments of left knee giving out. On exam there was a slow guarded gait using a cane for mobility. There was moderate tenderness. The treatment plan included Flurbiprofen 20%/baclofen 5%/dexamethasone 2%/menthol 2% camphor 2% capsaicin 0.025%

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/baclofen 5%/dexemethasone 2%/menthol 2% camphor 2% capsaicin 0.025% 210 gm in cream base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded product contains baclofen, which is not recommended, therefore the product is not recommended and is not medically necessary or appropriate.