

<b>Case Number:</b>	CM15-0109244		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Hawaii

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:

This 58 year old male sustained an industrial injury on 4/2/04. He subsequently reported knee and hip pain. Diagnoses include osteoarthritis. Treatments to date include x-ray and MRI testing, injections, acupuncture, physical therapy and prescription pain medications. The injured worker continues to report intermittent bilateral knee pain. Upon examination, right knee range of motion was reduced; crepitus and Baker's cysts were noted bilaterally. Meniscus tests were negative bilaterally. A request for Flurbi/Camp/Caps/Menth Topical Compound with 1 Refill was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi/Camp/Caps/Menth Topical Compound with 1 Refill:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting the bilateral knees. The current request is for Flurbi/Camp/Caps/Menth Topical Compound with 1 Refill. The treating physician report dated 4/27/15 (118B) notes that the patient presents with persistent pain secondary to arthritis of the bilateral knees. The MTUS guidelines page 111 regarding topical NSAIDs states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The medical reports provided do not show that the patient has been prescribed this topical compound previously. In this case, the patient presents with pain affecting the bilateral knees and the MTUS guidelines support topical NSAIDs for the treatment of Osteoarthritis of the knee for up to 12 weeks. The current request satisfies the MTUS guidelines as outlined on pages 111-113. The current request is medically necessary.