

<b>Case Number:</b>	CM15-0201666		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female who sustained an industrial injury on 12-12-2012. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral chondromalacia and right lateral meniscus tear. The injured worker is status post left knee arthroscopy for chondromalacia (approximately 04-2015). According to the treating physician's progress report on 09-14-2015, the injured worker continues to experience lateral and medial pain of the right knee with mild swelling and catching. Left knee continues to improve with physical therapy and home exercise program. The injured worker reported over the counter Ibuprofen and Aleve are minimally effective for pain and concerned about oral chronic non-steroidal anti-inflammatory drugs (NSAIDs) use and inquiring about topical analgesics. Currently the injured worker is being worked up for hypertension (non-industrial). Examination demonstrated trace swelling on the right with tenderness to palpation over the medial and lateral joint line. Left knee non-tender. Left range of motion was documented at 130-0 degrees and right knee 125-0 degrees with right sided discomfort on grind with crepitus. No instability noted. Positive Apley's and McMurray's signs reproduce lateral joint line catching on the right. Distal vascular status was intact. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program and medications. Current medication is over the counter Tylenol. Treatment plan consists of an authorized right knee arthroscopy in mid-October, continuing physical therapy and home exercise program for the left knee, range of motion for the right knee, ice, elevation, Tylenol over the counter and the current request for Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 5% FCL 120gm with 1 refill. On the Utilization Review

determined the request for Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 5% FCL 120gm with 1 refill was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 5% FCL 120gm with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This claimant was injured now three years ago; there were knee issues. The request is for a compounded topical agent. Per the Chronic Pain Medical Treatment Guidelines MTUS page 111, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.