

<b>Case Number:</b>	CM15-0044518		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/13/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania, Ohio, 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:

This 43 year old woman sustained an industrial injury on 6/13/2008. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes on a PR-2 dated 1/5/2015 show complaints of right knee pain. Recommendations include urine drug screening, soma, Protonix, Diclofenac, Norco, Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, Flurbiprofen/Cyclobenzaprine/Menthol cream, Keratek gel, and follow up in six weeks. Documentation proves Supartz injection #3 was administered at this visit to the right knee. Instructions include heat and ice applications and return in one week for injection #4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keratek gel 4oz bottle RX:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** MTUS recommends topical salicylate for use in treating chronic pain. This medication is preferred to other medications such as opioids which have substantial adverse effects. This request is supported by the treatment guidelines and is medically necessary.

**Flurbiprofen 20%/Cyclobenzaprine 10%/Menthol 4% cream 180gm RX:** Upheld

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

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

**Decision rationale:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally this guideline specifically does not support muscle relaxants (such as cyclobenzaprine) for topical use. This request is not medically necessary.