

<b>Case Number:</b>	CM15-0230885		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 28 year old male, who sustained an industrial injury on 9-22-2014. A review of the medical records indicates that the injured worker is undergoing treatment for tear of the medial meniscus of the left knee, and right knee sprain. On 10-20-2015, the injured worker reported left knee pain rated 7 out of 10, worsening over the past few days. The Primary Treating Physician's report dated 10-20-2015, noted the injured worker's pain was made better with rest and medication, taking Motrin on an as needed basis that helped the pain from a 7 to a 3 which allowed him to ambulate for an hour as opposed to 45 minutes without it. The physical examination was noted to show decreased left knee range of motion (ROM) improved since the previous month, and tenderness to the medial and lateral joint lines and slight decreased quadriceps strength. Prior treatments have included physical therapy. The treatment plan was noted to include continued home exercise program (HEP) to the left knee, with request for Flurbiprofen-Menthol cream in an attempt to control the injured worker's pain further and discontinue the Motrin as it does cause slight gastrointestinal (GI) upset, with a prescription for Ibuprofen and request for urine toxicology screen for the next visit. The injured worker's work status was noted to be currently not working. The request for authorization dated 11-3-2015, requested Ibuprofen 800mg #90, urine toxicology screen, and Flurbiprofen-Menthol 20%-5% 180gm. The Utilization Review (UR) dated 11-12-2015, certified the request for Ibuprofen 800mg #90, and non-certified the requests for urine toxicology screen, and Flurbiprofen-Menthol 20%-5% 180gm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Menthol 20%/5% 180gm:** 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:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the compound contains menthol, which is not supported for topical use. The request for topical flurbiprofen/menthol is not medically appropriate and necessary.

**Urine toxicology screen:** 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): Opioids, dealing with misuse & addiction.

**Decision rationale:** Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not indicate use of an opioid medication that would necessitate drug screening. The request for urine drug test is not medically necessary and appropriate.