

<b>Case Number:</b>	CM15-0231566		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	04/08/2015
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	10/27/2015
<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: 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 is a 46-year-old male with a date of industrial injury 4-8-2015. The medical records indicated the injured worker (IW) was treated for left knee patellofemoral pain; and left knee small osteochondral loose bodies. In the progress notes (10-8-15), the IW reported left knee pain rated 4 out of 10, which was improved from 7 to 8 out of 10 at the 7-9-15 visit. On examination (10-8-15 notes), there was tenderness medially in the left knee and anteriorly with passive range of motion. Range of motion was 0 to 130 degrees. The remainder of the exam was stated to be normal, including the neurological exam of the bilateral lower extremities. Treatments included platelet-rich plasma injection, cortisone injection and physical therapy. The IW was working without restrictions. The treatment plan was to continue physical therapy for the left knee and use topical Flurbiprofen 20% and menthol 5% cream. A Request for Authorization dated 10-22-15 was received for Flurbiprofen 20% and menthol 5% cream, 180 grams. The Utilization Review on 10-27-15 non-certified the request for Flurbiprofen 20% and menthol 5% cream, 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Flurbiprofen / Menthol cream 20%/5% 180gm: Upheld**

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

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

**Decision rationale:** The medical records indicate the patient has ongoing left knee pain, which is improving with platelet rich plasma therapy and physical therapy. The current request for consideration is for 1 prescription of flurbiprofen/menthol cream 20%/5% 180gm. The 10/8/15 progress report offers no justification for the request of topical analgesics. The CA MTUS has this to say regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Flurbiprofen is not recommended as a topical analgesic by the MTUS, ODG or other medical treatment guidelines. Furthermore, the patient has not been diagnosed with neuropathic pain, but rather patellofemoral pain and osteochondral loose bodies. Topical analgesics are not indicated for the aforementioned diagnoses. As such, the current request is not consistent with medical treatment guidelines and is not medically necessary.