

<b>Case Number:</b>	CM15-0234197		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Colorado

Certification(s)/Specialty: Family Practice

### 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 65 year old male with a date of injury on 6-23-2014. A review of the medical records indicates that the injured worker is undergoing treatment for complex tear of medial meniscus right knee, status post right knee arthroscopy and osteoarthritis of knee. According to the progress report dated 10-22-2015, the injured worker complained of right knee pain rated 6-8 out of 10. The pain radiated down the back of the calf. He was taking over the counter Aleve, which did not seem to help significantly. He was currently working with no restrictions. The physical exam (10-22-2015) of the right knee revealed mild effusion. There was crepitus on passive range of motion. Treatment has included surgery and physical therapy. It was noted that the injured worker did not like to take oral medications as he was a working police officer. The request for authorization was dated 11-6-2015. The original Utilization Review (UR) (11-12-2015) denied a request for Flurbiprofen-Menthol cream. (Oral Motrin and Tramadol were approved.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Menthol 5% cream, 180 gm: 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:** Per the MTUS Guidelines, topical analgesics are largely experimental, but may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire topical treatment is not recommended. Topical Non-steroidal anti-inflammatory drugs have been studied, but only short term in small numbers, so no substantive evidence supports long term use. Use of topical non-steroidal anti-inflammatory drugs can be recommended, after first line therapies fail, for less than 12 weeks, for treatment of osteoarthritis, specifically related to the knee or elbow. No consistent quality evidence exists to use topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder, or for treatment of neuropathic pain, including radiculopathy. The only FDA-approved Topical Non-steroidal anti-inflammatory agent is Voltaren Gel 1% (diclofenac). For the patient of concern, the records supplied do indicate that surgery and physical therapy failed to resolve patient pain. The records do not specify a requested duration or frequency of use for the topical analgesic, but the records imply that topical analgesic is to be used temporarily until patient can get an injection approved. (Short term use, which is the only recommended term of use for topical non-steroidal anti-inflammatory drugs (Flurbiprofen), while implied, cannot be verified. While the record indicates that patient does not like to take oral medications, he has been approved for oral Motrin and Oral Tramadol, and he has not failed these medications. Furthermore use of oral NSAID and topical NSAID would be contraindicated, so should not use both. The MTUS Guidelines do not address topical Menthol or Camphor, which in this case is not relevant because the Flurbiprofen would not be recommended for this patient based on the records supplied. (Has not failed the oral medications prescribed) The Flurbiprofen/Menthol topical preparation, therefore, is not recommended and not medically indicated.