

<b>Case Number:</b>	CM14-0078202		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60-year-old female who was reportedly injured on September 3, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 15, 2014, indicates that there are ongoing complaints of shoulder pain, wrist pain, low back pain, knee pain, and foot pain. Current medications include Meloxicam, Tramadol, Flector patches, and Lodine. The physical examination demonstrated crepitus at the medial, lateral, and retro patellar areas of both knees. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for Flurbipro Cream 20% 10% 4%, Flurbiprofen (non-steroidal anti-inflammatory drug), Cyclobenzaprine (muscle relaxant), Menthol (analgesic), 180mg and was not certified in the pre-authorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbipro Cream 20% 10% 4%, Flurbiprofen (NSAID), Cyclobenzaprine (muscle relaxant), menthol (analgesic), 180mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents to include Cyclobenzaprine and Menthol. Considering this, the request for Flurbipro Cream 20% 10% 4%, Flurbiprofen (non-steroidal anti-inflammatory drug), Cyclobenzaprine (muscle relaxant), Menthol (analgesic), 180mg is not medically necessary.