

<b>Case Number:</b>	CM14-0093915		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Internal Medicine and is licensed to practice in California. 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 53 year old woman who suffered an industrial injury on January 17, 2014 with a fall on a carpet with knee twisting. An immediate onset of severe pain is noted with this fall. On initial examination, there was no effusion, no valgus or varus stress and negative Lachmann's, Drawer and McMurray's signs. She was seen in April 2014 by her primary treating doctor, who noted limited range of motion of the left knee along with tenderness around the joint. There was also note made of sleep disturbance and anxiety. Previously, the patient was seen by her chiropractor and noted to have internal derangement of the knee although MRI results were not provided. She had difficulty arising from a squatting position. Of note, she had been referred to an orthopedic surgeon and an MRI had been requested of her knee. The prescription was for FCMC 120 cream to be applied to the knee joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCMC Cream 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** Topical analgesics such as the one requested are recommended only under specific circumstances where there is a relatively superficial pain generator so that trans-epidermal application of a topical formulation is able to achieve pain relief by anti-inflammatory action. However, the patient's injury appears to be within deeper structures, since her diagnosis is that of an internal derangement of the knee. As such, a topical formulation is not going to be effective. Therefore, the request is not medically necessary. In addition, the effect of local analgesics is therapeutic over the first 4-12 weeks only, with diminishing effects. The patient's injury occurred in January 2014 and she continues to have pain after more than six months. As such, the topical medication is not likely to be effective for that reason as well. Therefore, the request for FCMC cream 120mg is not medically necessary and appropriate.