MAXIMUS Federal Services

| Case Number: | CM15-0119917 | | |
|---|---|---|---|
| Date Assigned: | 06/24/2015 | Date of Injury: | 07/21/2014 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/29/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

## 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: North Carolina
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:

The injured worker is a 60 year old female, who sustained an industrial injury on 07/21/2014 secondary to a fall, as she was falling she was noted to place her hands forward to protect her head. She immediately felt left thumb bend awkward and pain. On provider visit dated 05/01/2015 the injured worker has reported lumbar spine, left wrist, left hand, left knee and left leg pain. On examination of the lumbar spine revealed tenderness over the midline and paraspinal muscles with limited range of motion because of pain and loss of range of motion. Decreased sensation in the right L5-S1 nerve root distribution. Left wrist and hand were noted as decreased range of motion and tenderness over the first digit of the left hand in both dorsal aspects. Left knee revealed decreased range of motion and tenderness of the medial joint line and positive McMurray's sign. The diagnoses have included lumbar strain-rule out disc herniation, left wrist strain, left hip strain-rule out labrum tear and left knee strain - rule out meniscal tear. Treatment to date has included medication. The provider requested Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/20%/4%) 180 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/20%/4%) 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 265 and 341, respectively, Chronic Pain Treatment Guidelines Page(s): 98 - 99 and 111 - 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.