MAXIMUS Federal Services

| Case Number: | CM15-0121321 | | |
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| Date Assigned: | 07/02/2015 | Date of Injury: | 02/26/2012 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

## 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 with an industrial injury dated 02/26/2012. The mechanism of injury is documented as a glass door suddenly swung open and slammed into her throwing her down onto her left hip. Her diagnosis was recurrent symptomatic chondromalacia of the left knee; rule out recurrent medial meniscus tear. Prior treatment included physical therapy, diagnostics, acupuncture, TENS unit, left knee surgery, injection to left hip with 50% benefit and Synvisc injection. The injured worker notes prior work injuries from previous employment. The most recent record available for review is dated 04/01/2015. She presents on this date for increasing pain about the retro patellar region and medial joint line of the knee without a new specific injury. She has had several giving way episodes where the knee would give way due to pain inhibition and quadriceps weakness. Left knee exam showed 1-centimeter quadriceps atrophy. Flexion of the left knee was decreased. Medial joint line tenderness, medial McMurray test and lateral McMurray test were present on exam. The request is for Flurb/Caps/Menthol cream #1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb/Caps/Menthol cream #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for flurb/caps/menthol cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA- approved oral forms for this patient. Given all of the above, the requested flurb/caps/menthol cream is not medically necessary.