

<b>Case Number:</b>	CM15-0125983		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 58-year-old female, with a reported date of injury of 08/23/2013. The mechanism of injury was a slip and fall. She twisted both of her knees. The injured worker's symptoms at the time of the injury included a contusion to the bilateral knees, bilateral knee pain, and low back pain. The diagnoses include lumbar spine degenerative disc disease, status post right knee arthroscopy, right knee osteoarthritis, left knee sprain/strain, left knee degenerative joint disease, right knee medial and lateral meniscus tear, and chondromalacia of the right knee. Treatments and evaluation to date have included bilateral knee injections, which lasted only a few hours, physical therapy for the low back and right knee, acupuncture for the low back with temporary relief, acupuncture for the right knee, a lumbar epidural injection with relief for only a few hours, and oral medications. The diagnostic studies to date have included an x-ray of the lumbar spine on 05/06/2015 which showed mild degenerative changes, moderate to severe disc space narrowing, and small endplate osteophytes; an x-ray of the right knee on 05/06/2015 which showed significant lateral tilt and lateral subluxed patella; and an x-ray of the left knee on 05/06/2015 which showed a lateral tilt of the left patella. The progress report dated 04/30/2015 indicates that the injured worker had low back pain, rated 6 out of 10; right knee pain, rated 6 out of 10; and left knee pain, which was intermittent. There was increased left knee pain with climbing. There was no functional change since the last examination. The objective findings include mild distress; anxiety; difficulty with rising from sitting; an antalgic gait; and use of a cane. The work status was documented as temporarily total disability through six weeks. The treating physician requested Flurbiprofen/Menthol/Capsaicin/Camphor cream, with one refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical FMCC (Flurbiprofen/Menthol/Capsaicin/Camphor) with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. The requested cream, FCMC, is a combination of Flurbiprofen (a non-steroidal anti-inflammatory drug), Menthol, Capsaicin, and Camphor. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol or Camphor. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Compound Topical FMCC (Flurbiprofen/Menthol/Capsaicin /Camphor) with 1 refill is not medically necessary by MTUS.