

<b>Case Number:</b>	CM15-0173373		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

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 51-year-old female, who sustained an industrial injury on 03-03-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high cholesterol, chronic low back pain, right knee pain, right ankle and foot pain, gastritis, and depression. Medical records (01-28-2015 to 06-10-2015) indicate ongoing low back pain, right knee pain and right ankle and foot pain with swelling. Records also indicate no changes in activities of daily living and that the injured worker required the use of assistive devices for ambulation. A podiatry report (06-24-2015) indicates that the injured worker has been approved for arthroscopic surgery of the right ankle joint with possible debridement. Per the treating physician's progress report (PR), the IW has had not returned to work. The physical exams, dated 05-13-2015 and 06-10-2015, revealed increasing sensitivity and visible swelling to the right ankle. There was also continued right knee pain with limited and painful range of motion, and tenderness to the lumbar spine with spasms. Relevant treatments have included physical therapy (PT), psychological treatments, extracorporeal shockwave therapy, injections, work restrictions, and medications. The available diagnostic testing results available for review included a MRI of the right foot (01-2015) which was unremarkable. Other medical records indicated that electrodiagnostic testing of the lower extremities was completed showing evidences of right L5-S1 radiculopathy. The request for authorization (03-2014) shows that the following medication was requested: FCL 20%/ 4%/ 5%, Qty 240 grams. The original utilization review (07-30-2015) denied a request for FCL 20%/ 4%/ 5%, Qty 240 grams based on the absence of a diagnosis or evidence of arthrosis, lack of recommendation for use beyond 4-12 weeks, and that the topical medication is not recommended for use in the treatment of the shoulders, hips or spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL 20%/ 4%/ 5%, Qty 240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in March 2011 and is being treated for low back and right knee and ankle pain after being struck by a forklift with secondary depress anxiety, and insomnia. Right ankle arthroscopy with debridement is being planned. When seen, there was decreased and painful knee range of motion. There were lumbar muscle spasms. The claimant's BMI is over 33. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The request was not medically necessary.