

<b>Case Number:</b>	CM15-0176919		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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

### 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 71 year old male who sustained an industrial injury on 01-12-2015. Diagnoses include right knee contusion, pain in the knee-patella, and sprain strain of the knee. A physician progress note dated 06-30-2015 documents the injured worker complains of continued right knee pain that is increased with prolonged standing. The right knee has edema present. A physician progress note dated 04-28-2015 documents the injured worker has increased pain and swelling in his knee. He has locking, clicking and popping. Right knee range of motion is 0-125 degrees. There is 1 to 2+ effusion present. There is medial joint line tenderness. He has a positive medial McMurray's sign for meniscus pathology. There is on varus or valgus instability. A right knee arthroscopy due to partial medial meniscus tear was requested. Magnetic Resonance Imaging of the right knee done on 03-23-2015 revealed an area of high-grade signal change to the lateral tibial plateau consistent with a bone contusion as well as severe degeneration about the anterior and posterior horn of both the medial and lateral meniscus with an underlying joint effusion. Physical therapy will be put on hold per the injured workers request and he will be referred to an orthopedic physician. On 04-02-2015 documents the injured worker complains of right knee pain rated 4 out of 10 that is dull and constant, and he has restricted range of motion. There is tenderness at the right patella and there is effusion present. Treatment to date has included diagnostic studies, medications, and physical therapy. Several documents within the submitted medical records are difficult to decipher. He is on modified duty. He is on Nabumetone 750mg. A request for Authorization dated 06-30-2015 is for Gabapentin 15%-Amitriptyline 4%-and Dextromethorphan 10%-80gm, and Cyclobenzaprine

5%, Flurbiprofen 20%, Hyaluronic acid 0.1%. On 08-25-2015 the Utilization Review non-certified the requested treatment for Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic acid 0.1%.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic acid 0.1%: 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 71 year old patient complains of continuous knee pain, as per progress report dated 06/30/15. The request is for CYCLOBENZAPRINE 5%, FLURBIPROFEN 20%, HYALURONIC ACID 0.1%. The RFA for this case is dated 06/30/15, and the date of injury is 01/12/15. Diagnoses, as per progress report dated 06/30/15, included knee sprain/strain. Diagnoses, as per progress report dated 04/28/15, included right knee medial meniscal tear. The patient is on modified work, as per progress report dated 06/30/15. The MTUS chronic pain guidelines 2009, Topical analgesics section and page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Cyclobenzaprine: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, only one prescription for Cyclobenzaprine/Flurbiprofen/Hyaluronic acid cream, dated 06/30/15, is available for review. Although the patient has used topical compounded creams in the past, this appears to be the first prescription for this particular formulation. The treater does document where and how the cream will be applied. However, it is reasonable to assume that the ointment will be used for the knee as the patient only complains of right knee issues at this time. MTUS, nonetheless, does not support the use of Cyclobenzaprine in topical form. There is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since all the three components of this cream are not indicated by the guidelines, this request is not medically necessary.