

<b>Case Number:</b>	CM15-0026157		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Hawaii  
 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 60 year old female with an injury date of 03/24/2014. The mechanism of injury is described as a fall injuring her knee. She presented on 12/03/2014 post knee surgery with complaints of right wrist, hand and elbow pain. Left knee was better after surgery on 10/31/2014. There was tenderness in the medial and lateral epicondyle. Prior treatment included left knee arthroscopy, partial medial and partial lateral menisectomy of the left knee. Diagnosis was sprain of wrist, sprain elbow and internal derangement of left knee (post-surgery). On 01/30/2015 utilization review issued a decision of non-certification for the request of Flurbiprofen 20% Cyclobenzaprine 10%. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound of Flurbiprofen 20% Cyclobenzaprine 10%: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the right wrist, hand, and elbow. The current request is for Topical Compound of Flurbiprofen 20% Cyclobenzaprine 10%. The treating physician report dated 1/26/15 states, "Transdermal compounded pain cream medications will be prescribed to provide pain relief and treatment with reduced side effects associated with oral medications; allowing the patient to function and return to work." The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Since Cyclobenzaprine is a compound that is not recommended, the requested topical compound is not recommended. Recommendation is for denial.