

<b>Case Number:</b>	CM13-0023235		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old female with a date of injury of 09/06/2007. According to medical report dated 08/29/2013, the patient suffers from cervical disc disease and left shoulder impingement. Physical findings showed muscle guarding of cervical spine, decreased ROM and motor strength in left shoulder and decreased ROM in the cervical spine. The patient has tenderness upon palpation of paracervical region and left shoulder. The patient has tenderness due to palpation of paracervical region and left shoulder. The request is for Flur/Cyclo/Caps/Lid #120ml with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flur/Cyclo/Lid 10/2/0.0125/1% #120ml with 1 refill:** Upheld

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

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

**Decision rationale:** This patient suffers from cervical disc disease and left shoulder impingement. The treater requests Flur/Cyclo/Caps/Lid #120ml with 1 refill. The Medical

Treatment Utilization Schedule (MTUS) states the following regarding topical creams (p111, chronic pain section); "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested compound topical analgesics contain Flurbiprofen, lidocaine, capsaicin and cyclobenzaprine. Cyclobenzaprine is a muscle relaxant, and is not recommended for any topical formulation. In addition, lidocaine is recommended for localized peripheral pain which the patient does not have. The recommendation is for denial as the compound cream contains at least one drug that is not recommended by guidelines.