

<b>Case Number:</b>	CM13-0040308		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine and Cardiology and is licensed to practice in Texas. 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 35-year-old female who reported a work-related injury on 10/05/2012, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses of cervical radiculopathy with cervical disc bulges and an annular tear at C3-4, acquired cervical torticollis and cervical dystonia, mild cervical scoliosis based on an MRI study, asymmetric myospasm with myofascial trigger points, flare up of lumbar spine pain and chronic pain secondary to injury. The clinical note dated 11/15/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient presented with continued improvement to her cervical spine status post an injection. The patient remained symptomatic to the neck, left shoulder and left upper extremity. The provider documented that the patient utilizes Norco and Zanaflex. The provider documented that the patient's rate of pain is at a 7/10. Range of motion to the cervical spine and the lumbar spine were both decreased secondary to pain. The provider requested authorization for repeat cervical epidural steroid injections to treat the patient's continued neck pain and upper extremity complaints, and the patient was to continue with her medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubiprofen 25%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009; &#167; 9792.24.2. Chronic Pain Medical Treat.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the current medication regimen, to include the requested topical analgesics. The California MTUS indicates that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The California MTUS does not support the topical use of the ingredients of this requested medication. Given all of the above, the request for flurbiprofen 25% is neither medically necessary nor appropriate.

**Trandermal Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines #167; 9792.24.2. Chronic Pain Medical Treatment Guidelines Page(s).

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the current medication regimen, to include the requested topical analgesics. The California MTUS indicates that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The California MTUS does not support the topical use of the ingredients of this requested medication. Given all of the above, the request for transdermal cream is neither medically necessary nor appropriate.