

<b>Case Number:</b>	CM13-0050605		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/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 injured work is a 52-year-old with a work reported date of injury on 02/26/2010; the mechanism of injury was cumulative trauma involving hands. The injure worker had a diagnosis of neck sprain. Subjectively, the injured worker reported symptoms were the same with pain in neck and mid back area. The injured worker also complained of pain to the upper extremities, which interfered with daily activities and sleep. The injured workers medication regimen included gabapentin 600 mg twice a day, tramadol 50 mg twice a day, Prilosec topical compounds that gave the injured worker some relief without side effects. Objective findings included paracentral muscle spasm and tenderness over the superior border of trapezius muscle on both sides. A urine drug screen was performed on 07/16/2013, which was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR FLUR/CYCLO:** Upheld

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

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

**Decision rationale:** The CA MTUS Guidelines state topical analgesics are largely experimental and primarily recommended for neuropathic pain. The guidelines note any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note flurbiprofen is recommended for osteoarthritis and mild to moderate pain. The CA MTUS Guidelines indicate that the medication is largely experimental and recommended for neuropathic pain and there was no documentation to indicate that the injured worker has neuropathic pain as well as any comorbidities such as diabetes. Guidelines also indicate that compounded products are not recommended. As such, the request is non-certified.