

<b>Case Number:</b>	CM13-0059935		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain, chronic thigh pain, chronic upper extremity pain, and chronic low back pain reportedly associated with an industrial injury of June 22, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compound; unspecified amounts of manipulative therapy and physical therapy; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with permanent limitations in place. In a Utilization Review Report of November 9, 2013, the claims administrator denied a request for several topical compounds. A January 4, 2013 progress note is notable for comments that the applicant continues to be "disabled from his job." A November 8, 2013 progress note is again notable for comments that the applicant continues to report left hand, left lower extremity, low back, and mid back pain. There is no associated tenderness to touch. The applicant exhibits normal lower extremity sensation, reflexes, and strength. The applicant is asked to continue topical compounds and is reportedly "unable to work" at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 25% 30GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.,Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** As noted in the ACOEM Guidelines, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Guidelines "largely experimental." It is further noted that the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement despite prior usage of the same. The fact that the applicant remains off of work implies a lack of functional improvement. For all of the stated reasons, then, the request is not medically necessary and appropriate.

**CYCLOBENZAPRINE 10%:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. As noted on page 113 of the MTUS Chronic Pain Guidelines, however, muscle relaxants are not recommended for topical compound formulation purposes. The unfavorable recommendation on Cyclobenzaprine results in the entire compound's carrying an unfavorable recommendation, per page 113 of the MTUS Chronic Pain Guidelines. Accordingly, the request is not medically necessary and appropriate.

**TRAMADOL CREAM 10%:** Upheld

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

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

**Decision rationale:** As with the other topical compounds, page 111 of the MTUS Chronic Pain Guidelines deems topical pharmaceuticals, as a class, "largely experimental." In this case, it is further noted that the applicant has failed to affect any lasting benefit or functional improvement despite prior usage of the tramadol containing topical compound in question. The applicant has failed to return to work, several years removed from the date of injury and several months removed from introduction of the topical compound in question. Therefore, the request is not medically necessary and appropriate.