

<b>Case Number:</b>	CM14-0001241		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 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 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 patient is a 54-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury date of March 27, 2009. Medical records from 2013 were reviewed, the latest of which dated November 7, 2013 revealed that the patient complains of pain graded 7/10. He reports intermittent tingling and pain in his lower extremities. On physical examination, there are healed bilateral paravertebral postsurgical lumbar spine wounds. Patient wears a lumbar brace and uses a walker for ambulation. On examination of the lumbar spine, there is positive Minor's sign. There is intact and symmetric sensory in the bilateral lower extremities. Deep tendon reflex is 1/4 at the bilateral patellar and Achilles tendons. Motor strength is 4+/5 at the bilateral extensor hallucis longus muscles. Treatment to date has included lumbar microdiscectomy (3/14/11), lumbar decompression and fusion (5/2/13), physical therapy, and medications which include Norco, Neurontin and transdermal compound creams. Utilization review from December 9, 2013 denied the requests for Flurbiprofen 20% apply cream twice daily 30 grams, Tramadol 20% apply cream twice daily; 30 grams, and Cyclobenzaprine 20% apply cream twice daily; 30 grams because there is no documentation that the patient had been intolerant or unresponsive to other treatments including oral pain medications. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20% APPLY CREAM TWICE DAILY 30 GRAMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine effectiveness or safety. In this case, patient has an ongoing pain with clinical deficits and limitation on physical examination. There is intermittent numbness and tingling of the lower extremities. The patient is on oral pain medications and there is no report in the medical records that the patient cannot tolerate oral medications. The guidelines state that there is no evidence to support the use of topical cyclobenzaprine. The use of cyclobenzaprine in a topical formulation is not recommended. Therefore, the request for Cyclobenzaprine 20% apply cream twice daily; 30 grams is not medically necessary.

**TRAMADOL 20% APPLY CREAM TWICE DAILY; 30 GRAMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, use of topical creams are only optional and is still largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, patient has ongoing pain with clinical deficits and limitation on physical examination. There is intermittent numbness and tingling of the lower extremities. The patient is on oral pain medications and there is no report in the medical records that patient cannot tolerate oral medications. The guidelines state that there is little evidence to support the use of topical NSAIDs (flubiprofen) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. The use of flubiprofen in a topical formulation is not recommended. Therefore, the request for Flurbiprofen 20% apply cream twice daily 30 grams is not medically necessary..

**CYCTOBENZAPRINE 20% APPLY CREAM TWICE DAILY; 30 GRAMS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, use of topical creams are only optional and is still largely experimental in use with few randomized

controlled trials to determine efficacy or safety. In this case, patient has ongoing pain with clinical deficits and limitation on physical examination. There is intermittent numbness and tingling of the lower extremities. The patient is on oral pain medications and there is no report in the medical records that the patient cannot tolerate oral medications. The guidelines indicate that Tramadol is not recommended for topical application. Therefore, the request for Tramadol 20% apply cream twice daily; 30 grams is not medically necessary.