

<b>Case Number:</b>	CM14-0109716		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Internal 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 injured worker is a 59 year old male injured on 02/01/08, sustaining chronic neck, shoulder, wrist, lumbosacral and knee pain. Current diagnoses include status post cervical spine fusion, lumbosacral strain, and rule out disc herniation, bilateral rotator cuff syndrome, and bilateral wrist strain. Clinical note dated 05/23/14 indicated the injured worker presents with persistent neck pain, lower back pain, bilateral shoulders, arms, wrists, knees, feet pain, as well as psych and sleeping issues. The injured worker complained of worsening right shoulder pain with persistent decreased functionality. Physical examination of the cervical spine revealed limited range of motion, with tenderness over the trapezius and paravertebrals, positive shoulder depression test, positive Spurling's test bilaterally. Muscle strength was 4/5 in C5, C6, C7, and C8 nerve roots bilaterally. Examination of the lumbar spine revealed limited range of motion, with tenderness noted over the paraspinals muscles, positive Kemp's test and positive straight leg raise test bilaterally with pain radiating down to posterior thighs. Muscle strength was 4/5 in L4, L5 and S1 distributions bilaterally. Examination of bilateral shoulders revealed limited range of motion symmetrically with flexion at 80 degrees, extension at 30 degrees, abduction at 80 degrees, adduction at 30 degrees, internal rotation at 40 degrees and external rotation at 60 degrees. Neer's and Hawkin's impingement tests were positive bilaterally. Examination of bilateral wrists revealed limited range of motion, Phalen's and Tinels's tests were positive bilaterally. Examination of the bilateral knees revealed limited range of motion with flexion at 140 degrees and extension at 0 degree bilaterally (R>L). Valgus and various stress tests were positive on the right. McMurrays test was positive on the right. Quadriceps muscle strength was 4/5. The injured worker indicated Norco reduces the pain from 9/10 down to 5/10. He indicated the pain is worse with sitting and standing. Plan of management include continuing Norco, Gabapentin and Baclofen and request authorization for Flurbiprofen/Cyclobenzaprine/Menthol

cream in an attempt to wean him down from Norco and increase functionality and decrease pain. Clinical documentation dated 06/24/14 indicated that MRI of the right shoulder revealed moderate focal tendinosis of the distal supraspinatus and infraspinatus tendon without interruption of the tendons or retraction/atrophy of the muscles. There is linear fluid collection or old hemorrhage noted in the infraspinatus tendon without tear. There is moderate arthritic change of the acromioclavicular joint with osteophyte indenting on the superior aspect of the supraspinatus tendon. Clinical note dated 06/30/14 indicated the injured worker's pain level was rated as 9/10 on his cervical spine, with radiation into bilateral hands; lumbar spine pain level at 9/10 with radiation into the right leg; and left wrist and foot pain at 9/10. The injured worker indicated pain is worse with activities and change in weather, and improves with rest, medication and heat. The previous request for the compound 180gms topical x 30 days, no refill, containing flurbiprofen, cyclobenzaprine and menthol, was previously determined not medically necessary on 06/30/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound 180 gm topical times 30 days, no ndc#, 05/20/14 script, no refills, flurbiprofen, cyclobenzaprine, menthol:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains flurbiprofen, cyclobenzaprine, and menthol, which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound 180gms topical x 30 days, no refill, containing flurbiprofen, cyclobenzaprine and menthol, cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.