

<b>Case Number:</b>	CM14-0018400		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/11/2000
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain 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 49-year-old male who was injured on 02/11/2000. Mechanism of injury is unknown. Prior treatment history has included the following medications 1. cyclobenzaprine; 2. Naproxen; 3. pantoprazole; 4. hydrocodone; 5. flurbiprofen; 6. tramadol. Diagnostic studies reviewed include a urine drug screen dated 01/28/2014 which was consistent with the current prescribed medications. Progress note dated 10/08/2013 documented the patient was on physiotherapy with benefit and the medications are beneficial. Objective findings on examination reveal craniocervical tenderness and spasm. Sensation was decreased over the right side of the face in all three branches of the trigeminal nerve. He had left arm weakness with pronation drift. He could not do left hand grip. His left leg was very weak with an orthotic brace. He had to use a crutch in his right hand. He had left hemihypoesthesia. He had generalized hypoesthesia of the left leg with superimposed dermatomal pattern areas of dysesthesia and hyperpathia. Straight leg raising was positive at 30 degrees on the left and 60 degrees on the right. DTRs were hypoactive in his arms and absent in his legs. Babinski was questionable. Diagnoses: 1. Status post multiple fractures and surgeries; 2. Probably reflex sympathetic dystrophy, left upper and lower extremities; 3. Probably cervical and lumbar radiculopathies. Recommendations: The patient needs to continue physiotherapy treatments as they are providing good benefits. He was prescribed and provided with flurbiprofen 20% and tramadol 20% creams out of the office. Progress note dated 12/20/2013 documented the patient is distressed over the persistent pain and disability involving primarily the status-post fractures of the long index, ring and small fingers of the left hand and due to persistent back pain and left shoulder pain with radiation of tingling and numbness into the left arm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20% CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** According to CA MTUS guidelines, Flurbiprofen (non-steroidal anti-inflammatory drug) as a topical analgesic is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended only for short-term use (4-12 weeks) for Osteoarthritis and Tendinitis. They are not recommended for neuropathic pain. The medical records do not address the diagnosis of Osteoarthritis or Tendinitis. Moreover, there is no documentation of failure of antidepressants and/or anticonvulsants to manage the patient's pain. Therefore, the medical necessity of the topical Flurbiprofen 20% cream has not been established according to the guidelines. The request is not medically necessary.

**TRAMADOL 20% CREAM:** Upheld

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

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

**Decision rationale:** As per CA MTUS guidelines, Tramadol (centrally acting synthetic Opioid analgesic) as a topical analgesic is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The available medical records do not indicate the failure of the first-line pain medications including Antidepressants and/or Anticonvulsants. Accordingly, the requested Tramadol 20% cream is not medically necessary.