

<b>Case Number:</b>	CM14-0118320		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family 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:

This is a 51-year-old female who reported an industrial injury on 5/18/2011, over three (3) years ago, attributed to the performance of her customary job tasks reported as being struck by the mirror of a passing vehicle. The patient has been treated with physical therapy; chiropractic care; medications; steroid injection; and activity modification. The objective findings on examination included tenderness at the occiput; trapezius; supraspinatus; rhomboids; and levator scapula muscles; AC joint tenderness with arthrosis noted; full range of motion of the cervical spine compression test positive; tenderness at the subacromial space and biceps tendon. The patient is been diagnosed with cervicalgia; cervical sprain/strain; cervical radiculopathy; left shoulder, and left elbow sprain/strain. The MRI of the cervical spine dated 3/5/2014, documented evidence of no significant pathology and slight central protrusion of the C3-C4 disc. The patient was prescribed a topical compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication: Topical Cream 210 gm Flurobiprofen 20%/Tramadol 20% in Medidem Base:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines topical analgesics; anti-inflammatory medications Page(s): 112-13; 22; 67-68. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 3 page 47; pain chapter 2008 pages 128; Official Disability Guidelines (ODG) Pain chapter-- topical analgesics; topical analgesics compounded;

**Decision rationale:** The prescription for compounded topical cream Flurbiprofen 20%/Tramadol 20% in Medidem Base 210 GM is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams however there is no functional assessment and no quantitative decrease in pain documented. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID compounded topical cream Flurbiprofen 20%/Tramadol 20% in Medidem Base 210 GM is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to the neck and UE pain.