

<b>Case Number:</b>	CM14-0123932		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & Rehabilitation, 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 46-year-old female who reported an injury on 03/31/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 01/21/2014 stated diagnoses of headaches, cervical sprain, thoracic sprain, lumbar sprain, myalgia and myositis unspecified, lumbar disc herniation, lumbar radiculopathy, sprain of unspecified site of shoulder and upper arm, disorders of bursa and tendons in shoulder region unspecified, spasm of muscle anxiety state unspecified, unspecified sleep disorder, and lumbosacral plexus lesions. The injured worker reported a recent increase in low back pain and weakness of the legs with emphasis to the right side. The injured worker reported she underwent lumbar epidural injection on 06/10/2013 with improvement. She reported she had not received authorization for medication and struggled with pain throughout the day. She self-medicated with Tylenol which helped minimally. The injured worker reported frequent pain in her head rated 4/10 due to stress and depression. The injured worker reported pain in the chest described as tightness to the chest, especially when nervous and stress. The injured worker reported constant pain in her shoulders traveling to her bilateral biceps which she described as dull and penetrating rated 3/10. The injured worker's Apley's test was painful on abduction bilaterally. The injured worker reported constant neck pain which she described as dull and penetrating rated 4/10 to 5/10 and the injured worker reported tingling and constant pain in the neck that radiated to the right upper extremity to the level of the right elbow that was aggravated by activities including repetitive motion of the neck and by lifting, pushing, pulling, and forward reaching. The injured worker also reported occasional numbness and tingling sensations at the lateral aspect of the right arm. The injured worker reported constant pain in her upper back described as dull and penetrating and reported numbness. The injured worker reported constant pain in her low back pain described as dull and penetrating and tingling. The injured worker reported

stiffness to the spine that was described as sharp, constant pain in the low back that radiated down the posterior aspect of the bilateral legs to the knee with weakness in the lower extremity. She reported the pain increased with lifting over 5 pounds with prolonged sitting activities and when sitting up straight. The injured worker reported it was difficult to find a comfortable position to sleep during the night and rated her pain 6/10 to 7/10. The injured worker reported difficulty falling asleep due to pain during the night, day time alertness due to medication, difficulty with sexual functioning, dizziness, headaches, and symptoms of anxiety due to pain or loss of work. The injured worker reported factors that aggravated her pain were prolonged sitting, standing, repetitive bending, repetitive stooping, exposure to cold weather, and repetitive lifting. The patient reported she had difficulty with activities of daily living including dressing herself, bathing, and all activities involving personal hygiene. On physical examination, the injured worker ambulated with left antalgic gait. There was tenderness to palpation in both shoulders. The supraspinatus resistance test, Speed's, bicipital tendinitis, impingement maneuver, and Yergason's sign reveal pain on both shoulders. The injured worker's cervical spine examination revealed moderate paraspinal tenderness bilaterally at all levels. Foraminal compression test and shoulder depressive test revealed pain bilaterally. The thoracic spine revealed paraspinal tenderness bilaterally at all levels. The lumbar spine examination revealed moderate paraspinal tenderness bilaterally at all levels. The injured worker's treatment plan included authorization to receive acupuncture, authorization for pain management, authorization for orthopedic consult, and medication management. The injured worker's prior treatment included diagnostic imaging and medication management. The provider submitted request for retrospective Tramadol and Diclofenac and retrospective Cyclobenzaprine and Flurbiprofen. A request for authorization dated 01/21/2014 was submitted; however, rationale was not provided for review.

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

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

**Retrospective request for 1 prescription Cyclobenzaprine 2% Flurbiprofen 25% 24 grams:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs.

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

**Decision rationale:** The request for Retrospective request for 1 prescription Cyclobenzaprine 2% Flurbiprofen 25% 24 grams is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. Per the guidelines, any compounded product that contains at least 1 drug or drug class

that is not recommended is not recommended. In addition, the provider did not indicate a rationale for the request. Furthermore, it was not indicated whether the injured worker had tried and failed other antidepressants and anticonvulsants. Additionally, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

**Retrospective request for 1 prescription of Tramadol 15% Diclofenac 25% 240 grams:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs.

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

**Decision rationale:** The request for Retrospective request for 1 prescription of Tramadol 15% Diclofenac 25% 240 grams is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily it is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated whether the injured worker had tried and failed other antidepressants and anticonvulsants. In addition, the guidelines indicate that topical NSAIDs such as Diclofenac are recommended for short-term use of 4 to 12 weeks; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. In addition, a thorough search of FDA.gov did not indicate there is a formulation of topical tramadol that had been FDA approved. Per the guidelines, Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In addition, the request does not indicate a frequency for this medication. Moreover, the provider did not indicate a retrospective date. Therefore, the request is not medically necessary.