

<b>Case Number:</b>	CM14-0149930		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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:

This 61 year-old Security Guard sustained an injury on 6/27/12 from forklift accidently driven over patient's left foot while employed by [REDACTED]. Request(s) under consideration include Topical Compound: Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5%-180 gm. Diagnoses include cervical sprain, left shoulder impingement, left ear ringing/hearing loss, low back pain and radiculopathy superimposed on T12 compression fracture, left ankle sprain, sexual dysfunction, and GI complaints. Hand-written somewhat illegible report of 8/7/14 from the provider noted the patient with left heel pain and headaches; medications are helpful. Medications list Lansoprazole, Onglyza, Glipizide, Amoxicillin, Furosemide, Simvastatin, Omeprazole, Tramadol/APAP tablets, Clarithromycin, Aspirin, Naproxen, HCTZ, and Acetaminophen. Exam showed diffuse tenderness on palpation at left heel causing shooting pain and cervical spine with decreased range of motion due to pain complaints. No other clinical findings documented. Diagnoses included C/s sprain/strain; left shoulder impingement; L/S sprain/strain; right hip sprain/strain; left ankle strain; headaches. Treatment for neurology consult for headaches, continue meds and home exercise. The patient remained P&S. The request(s) for Topical Compound: Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5%-180 gm was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND: CYCLOBENZAPRINE 1%, TRAMADOL 6.5%, FLURBIPROFEN 5%-180 GM:** Upheld

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

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

**Decision rationale:** This 61 year-old Security Guard sustained an injury on 6/27/12 from forklift accidently driven over patient's left foot while employed by [REDACTED]. Request(s) under consideration include Topical Compound: Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5%-180 gm. Diagnoses include cervical sprain, left shoulder impingement, left ear ringing/hearing loss, low back pain and radiculopathy superimposed on T12 compression fracture, left ankle sprain, sexual dysfunction, and GI complaints. Hand-written somewhat illegible report of 8/7/14 from the provider noted the patient with left heel pain and headaches; medications are helpful. Medications list Lansoprazole, Onglyza, Glipizide, Amoxicillin, Furosemide, Simvastatin, Omeprazole, Tramadol/APAP tablets, Clarithromycin, Aspirin, Naproxen, HCTZ, and Acetaminophen. Exam showed diffuse tenderness on palpation at left heel causing shooting pain and cervical spine with decreased range of motion due to pain complaints. No other clinical findings documented. Diagnoses included C/s sprain/strain; left shoulder impingement; L/S sprain/strain; right hip sprain/strain; left ankle strain; headaches. Treatment for neurology consult for headaches, continue meds and home exercise. The patient remained P&S. The request(s) for Topical Compound: Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5%-180 gm was non-certified on 8/22/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Flurbiprofen posing an increase risk profile and Tramadol by two formulations without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Topical Compound: Cyclobenzaprine 1%, Tramadol 6.5%, Flurbiprofen 5%-180 gm is not medically necessary and appropriate.