

<b>Case Number:</b>	CM14-0150919		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational 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 claimant injured his right shoulder on 10/25/13 while reaching overhead and opening 300-500 pound semi-truck trailer doors. Topical medication tramadol/cyclobenzaprine/ flurbiprofen is under review. He is status post arthroscopic surgery for his right shoulder on 04/10/14 and on 07/11/14, he reported 7/10 pain as it was prior to surgery. ██████████ recommended fusion surgery for the cervical spine. He was prescribed Ultram for when anti-inflammatories were not helping. He had an initial pain medicine management consultation on 07/17/14. He was not taking any medications. His range of motion improved with therapy and additional physical therapy was ordered. He had a pain management consultation on 08/14/14. His right shoulder pain was 6/10. He had moderate pain and dysfunction. Additional physical therapy was recommended. He had mild incremental improvement. He had soreness with shooting, radiating, and numbing pain that was exacerbated by his activities. His medications included naproxen, tramadol, and creams. Physical examination revealed that the rotator cuff region was hypertonic and tender and the right shoulder was mildly protracted versus the left. He had decreased range of motion of the right shoulder with positive impingement, painful arc, and Apley's scratch tests. More aggressive physical therapy was recommended. He received an injection to facilitate that. He was prescribed compounded topical analgesics. He attended 4 visits of therapy from 08/06/14 through 08/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 20%/ Cyclobenzaprine 2%/ 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): 143.

**Decision rationale:** The history and documentation do not objectively support the request for compound topical pain medication Tramadol 20%/ Cyclobenzaprine 2%/ Flurbiprofen 20% cream, frequency and quantity unknown. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs, including acetaminophen, or local modalities such as ice or heat. The MTUS do not recommend the use of topical tramadol or cyclobenzaprine. The medical necessity of this request for the topical compound pain medication Tramadol 20%/ Cyclobenzaprine 2%/ Flurbiprofen 20% cream, frequency and quantity unknown has not been clearly demonstrated.