

<b>Case Number:</b>	CM14-0158259		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Emergency 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 injured worker is a 39 year-old female, who sustained an injury on February 24, 2009. The mechanism of injury occurred when she fell on a wet floor. Diagnostics have included: 2009 cervical MRI - results not noted; EMG/NCS dated March 31, 2014, reported as showing moderate bilateral carpal tunnel syndrome. Treatments have included: medications, physical therapy, chiropractic, acupuncture. The current diagnoses are: cervical strain/sprain with radiculopathy, thoracic strain/sprain, and lumbar strain/sprain with radiculopathy. The stated purpose of the request for Flurbi (NAP) cream 1a 180 gms was not noted. The request for Flurbi (NAP) cream 1a 180 gms was denied on August 25, 2014, citing a lack of documentation of evidence based guideline support. Per the report dated July 30, 2014, the treating physician noted complaints of neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. Exam findings included cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, and decreased right L4 sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi (NAP) cream 1a 180 gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The requested Flurbi (NAP) cream 1% 180 gms, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. The treating physician has documented cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, and decreased right L4 sensation. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Flurbi (NAP) cream 1% 180 gms is not medically necessary.