

<b>Case Number:</b>	CM14-0159484		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 is a 60-year-old male with a 10/12/2012 date of injury. A progress reported dated 8/22/14 noted subjective complaints of neck pain radiating into the bilateral arms. Objective findings included cervical paravertebral tenderness and tenderness over the right AC joint. Diagnostic Impressions: Rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, and left shoulder impingement syndrome. Treatment to Date: medication management, acupuncture, chiropractic, and TENS unit. A UR decision dated 9/23/14 denied the request for Flurbiprofen 20%. The guidelines do not support Flurbiprofen for topical application, as there is little to no evidence proving safety and efficacy. It also denied the request for Tramadol 15% 180gm, apply three times per day. There is no evidence of objective functional benefit with medication use as well as failed trials of first-line recommendations (oral antidepressants and anticonvulsants).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs in topical formulations. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. However, there remains sparse documentation as to why the prescribed formulation would be required despite adverse evidence. There is no documentation of failure of a trial of antidepressants or anticonvulsants. Therefore, the request for Flurbiprofen 20% was not medically necessary.

**Tramadol 15% 180gm, apply three times per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, there remains sparse documentation as to why the prescribed formulation would be required despite adverse evidence. There is no documentation of failure of a trial of antidepressants or anticonvulsants. Therefore, the request for Tramadol 15% 180gm, apply three times per day was not medically necessary.