

<b>Case Number:</b>	CM14-0032006		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/12/1997
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 71 year old female who reported an injury on 11/12/1997. The mechanism of the injury was not provided. Exam dated 11/23/2013 reported complaints of continued total body pain, chronic fatigue and problems sleeping. The exam found no new joint swelling, normal neurologic exam, no rheumatoid arthritis and trigger points tenderness 12+. Diagnoses were myalgia and myositis and chronic depressive personality disorder. The treatment plan consisted of continuing the Neurontin, Sentrazolpidem, Sentraflox, theratramadol and Tramadol topical and Savella, and to add Cyclobenzaprine. The request for authorization and rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen/Menthol/Camphor/Lidocain dispensed on 01/08/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-Steroidal Antinflammatory Agents (NSAIDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines primarily recommend for neuropathic pain when trial of antidepressant and anticonvulsants have failed. There was no evidence that the pain is neuropathic and there was no evidence of a trial and efficacy of neither an antidepressant nor an anticonvulsant. The MTUS Guidelines also do not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The guidelines do not recommend NSAID topically if there is no evidence to support use, and it is recommended for short-term use of 4-12 weeks. MTUS guidelines state that topical lidocaine is not recommended for non-neuropathic pain. In this case, there is no evidence of neuropathic pain and there is no evidence that supports the use of this medication. Furthermore, the duration and frequency are unknown. Therefore the request for Flurbiprofen/Menthol/Camphor/Lidocaine is not medically necessary and appropriate.