

<b>Case Number:</b>	CM14-0048491		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 41-year-old female who was injured on 11/8/11 sustained injuries to her neck, bilateral shoulders and lower back. The prior treatment included medications to include Prilosec, Flexeril and topical ointments, which provided relief of pain and also improved ability to have restful sleep and physical therapy (PT). The patient was also treated with extracorporeal shockwave therapy, lumbar sacral orthotic brace, Transcutaneous Electrical Nerve Stimulation (TENS) unit, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. MRI of the lumbar spine dated 7/27/13 showed disc desiccation at L5-S1, straightening of lumbar lordotic curvature possibly reflecting an element of myospasm. At L5-S1, there was diffuse disc herniation, which caused mild stenosis of the spinal canal. Urine drug screen dated 1/6/14 was unremarkable. Urine drug screen dated 4/7/14 was negative. An MRI of the thoracic spine dated 4/27/14 showed broad based posterior disc protrusion at T7-T8, which caused stenosis of the spinal canal. Urine drug screen dated 6/10/14 was negative. The patient underwent a comprehensive agreed medical examination on 2/4/14. The physician recommended inflammation medicine, occasional muscle relaxants and pain medication; occasional topical medication use for inflammation, occasional trigger point injection lower back, PT and occasional orthopedic doctor visits. On 05/12/14, the treating physician saw the patient for sharp, burning, radicular neck, back and mild back pain. There was lumbar spine tenderness as well thoracic spine tenderness and muscle spasm with decreased ROM. The patient had bilateral upper extremities strength due to pain. The patient had been diagnosed with cervicalgia, cervical spine sprain/strain, rule out radiculopathy of cervical region, thoracic region intervertebral disc displacement, pain in thoracic spine, low back pain, lumbar spine sprain/strain, lumbar region intervertebral disc displacement, rule out radiculopathy lumbar region, anxiety, depression and stress. The patient stated medications did offer temporary relief of pain and improved ability to

have restful sleep. The treating physician recommended Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol and Terocine patches for pain relief. In a treating physician's progress report dated 6/10/14, the patient had sharp, burning neck pain (6-7/10) with numbness and tingling in both arms, mid back pain and sharp burning, radicular low back pain (7-8/10). The pain was moderate-to-severe and constant. The treating physician recommended localized intense neurostimulation therapy and Terocine patches for pain relief. Letter of medical necessity was provided on 6/13/14 for Deprizine, Dicopanol, Fanatrex, Synapryn and Tabradol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 2%/ Flurbiprofen 25% 240 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the California MTUS Guidelines, Cyclobenzaprine is not recommended for topical application, there is no evidence in the peer reviewed literature to support its use. Therefore, the request is not medically necessary according to the guidelines.

**Diclofenac 25%/ Tramadol 15% 240 grams:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. The California MTUS Guidelines support topical NSAIDs for short-term use only. Furthermore, per guidelines, topical compounds are largely experimental. Therefore, the request is not medically necessary.