

<b>Case Number:</b>	CM14-0060995		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 64-year-old employee with date of injury of 5/9/2006. Medical records indicate the patient is undergoing treatment for cervicalgia, multiple level lumbar disk protrusions, lumbar radiculopathy; cervical sprain/strain with radicular pain, history of left shoulder arthroscopic surgery and bilateral wrist tendinosis. Subjective complaints include ongoing pain, stiffness and dizziness. His pain is located at the base of the neck and radiates to the right ear. He has headaches which he with his neck pain. His pain is aggravated when tilting his head up and down or moving it from side to side. His pain increases with prolonged sitting and standing. His pain level worsens throughout the day depending on his activities. He rates his neck pain at 7-9/10. He has ongoing pain at bilateral hands/wrists. He has numbness and tingling that extends to his forearm, radiates to hand, fingers, and has constant locking of the thumb and middle finger. His hand wrist/hand pain is rated 5/10. He complains of ongoing low back pain and stiffness. His low back pain increases with prolonged standing, walking, sitting lifting, twisting, pushing, pulling, squatting and stooping. He is unable to either sit or stand for more than 15-30 minutes before his pain increases. He has trouble bending side to side, forward, and backwards and driving for long periods. He rates his back pain 8/10. He experiences slow flow urination. He also complains of difficulty sleeping, feeling fatigued and unable to concentrate. He experiences anxiety, stress and depression and he rates his depression as 8/10. He says he has difficulty with activities of daily living. He also complains of acid reflux that he says he suffers from daily and usually gets nausea in the evenings. Objective findings include tenderness to palpation over paravertebral trapezius, deltoid and rhomboids area with moderate spasm. There is tenderness over paraspinous muscles. There was no tenderness over the bilateral sacroiliac joints. His straight leg raise was negative on the right and left at 90 degrees. Laseque is negative on the right and left. The FABER test was negative on the right and left. His lumbar spine MRI (5/23/2013)

shows 2.7-mm disc protrusion at several levels with foraminal stenosis bilaterally at several levels. Axial compression was negative and Spurling's was also negative. There is no tenderness over the shoulder joint bilaterally. Impingement sign was negative on right and left. His elbow was not tender over the entire joint including the medial and lateral epicondyles on the left and right. There was no elbow swelling. His wrist exam proved a negative Tinel's sign and Phalen's test bilaterally. Treatment has consisted of EMG studies of the upper and lower extremities. He had left shoulder surgery on January 7, 2007 and had good pain relief following surgery. He is currently taking the following medications: Metformin, Rantidine, Lisinopril, Simvastatin, Terazosin, Aspirin, Trazadone, Naproxen, Glyburide, Loperamide, Omeprazole and Bupropion. The patient stated that he has received massage, PT and acupuncture in the past to relieve the pain (but was unsuccessful). In the past, he was taking Glucophage and Prozac but was told to discontinue taking them prior to surgery (2007). The utilization review determination was rendered on 4/1/2014 recommending non-certification of Cyclobenzaprine 2%, Flurbiprofen 20% 240 grams and Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 grams.

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

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

**Cyclobenzaprine 2%, Flurbiprofen 20% 240 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** The ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The patient is taking Bupropion, an antidepressant. The MTUS Guidelines states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The California MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. The California MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 20% 240 grams is not medically necessary.

**Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** The ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The patient is taking Bupropion, an antidepressant. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS recommends topical Capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, the ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." The MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. The MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 grams is not medically necessary.