

<b>Case Number:</b>	CM14-0072287		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 a 44-year-old female with a reported date of injury on 02/06/2014. The mechanism of injury was not provided within the documentation available for review. Her diagnoses include bilateral wrist tenosynovitis and bilateral ankle feet sprain/strain. Previous conservative care included acupuncture, massage therapy, and the use of extracorporeal shockwave. Diagnostic studies included an EMG of the lower extremities, MRI of the right foot/ankle and right hand. Other diagnostic studies include x-ray of the right and left foot and left wrist. The injured worker presented with pain and stiffness in the bilateral ankle feet, which radiated into the bilateral lower extremities below the knees. The range of motion in the bilateral ankles/feet revealed, left foot dorsiflexion to 20 degrees, plantarflexion to 50 degrees, inversion to 3 degrees, and eversion to 3 degrees. The right ankle foot range of motion revealed dorsiflexion to 20 degrees, plantarflexion to 40 degrees, and inversion to 3 degrees. The injured worker's medication regimen included topical analgesics. The Request for Authorization was for 240 gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm, Cyclobenzaprine 2%, 2% Flurbiprofen 20%, 240 gm, Diclofenac 20%, Tramadol 15% was submitted on 05/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, 2% Flurbiprofen 20%, 240gm: 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): 93, 111-113.

**Decision rationale:** California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the many agents. The use of these compounded agents requires knowledge of the specific analgesic, the effect of each agent, and how it would be useful for the specific therapeutic goal required. The effectiveness in clinical trials for this treatment modality has been inconsistent and most studies are small and have short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The clinical documentation provided for review does not provide the duration that the injured worker has utilized the topical analgesic. There is a lack of documentation related to the functional therapeutic benefit in the ongoing utilization of topical analgesics. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesics are to be utilized. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 20%, 240 gm is not medically necessary.

**Diclofenac 20%, Tramadol 15%, 240gm:** 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): 93, 111-113.

**Decision rationale:** California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the many agents. The use of these compounded agents requires knowledge of the specific analgesic, the effect of each agent, and how it would be useful for the specific therapeutic goal required. The effectiveness in clinical trials for this treatment modality has been inconsistent and most studies are small and have short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. In addition, Diclofenac 1% is

indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrists). Maximum dose should not exceed 32 grams per day. Furthermore, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The clinical documentation provided for review does not provide the duration that the injured worker has utilized the topical analgesic. There is a lack of documentation related to the functional therapeutic benefit in the ongoing utilization of topical analgesics. In addition, the request as submitted failed to provide frequency and specific site at which the topical analgesics are to be utilized. Therefore, the request for Diclofenac 20%, Tramadol 15%, 240gm is not medically necessary.