

<b>Case Number:</b>	CM14-0201010		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/23/1997
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Internal Medicine 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 forty-three year old female who sustained a work-related injury on October 23, 1997. A request for Soma 350 mg #6, Flurbiprofen topical cream 30 gm, Flurbiprofen topical cream 120 gm, cyclobenzaprine/tramadol topical cream 30 gm and cyclobenzaprine/tramadol topical cream 120 grams was non-certified in Utilization Review (UR) on November 10, 2014. The UR physician determined with regard to the request for Soma that Soma is not intended for long-term use and the medical documentation supported that the injured worker had displayed a long-term use of Soma. The UR physician determined that the California MTUS indicates that there is little evidence to support the use of topical NSAIDs. A request for independent medical review (IMR) was initiated on November 14, 2014. A review of the medical documentation submitted for IMR included five physician's reports from June 13, 2014 through October 3, 2014. The evaluating physician reported that the injured worker continued to have pain over the cervical spine, tightness in the neck and numbness and tingling of the hands. On examination the injured worker exhibited tenderness and spasm over the paravertebral musculature and trapezius muscle. She consistently reported her pain a 7 on a 10 point scale and reported that her pain was relieved 60% with her medications. The evaluating physician continued her Soma and Flurbiprofen during this evaluation period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) for treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is cervical spine musculoligamentous sprain. The documentation states "continue Soma" on a June 13, 2014 progress note. Soma is indicated for treatment of acute low back pain and acute exacerbations and chronic low back pain. The injured worker is being treated for cervical spine sprain. Additionally, the recommendations are for short-term less than two weeks treatment and the injured worker has been treated since June 13 2014 with a Soma refill. The documentation does not contain evidence of objective functional improvement. The documentation is unclear as to the exact Soma start date. Consequently, absent the appropriate clinical indications and documentation to support the ongoing use of Soma, Soma 350 mg #60 is not medically necessary.

**Flurbiprofen topical cream 30 gm:** 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 Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen topical cream #30 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Flurbiprofen is not FDA approved. Topical nonsteroidal anti-inflammatory creams or gels are indicated over a joint that lends itself to topical application (ankle, elbow and, knee, etc.-Voltaren gel 1%). It has not been evaluated for treatment of the spine, hip or shoulder. Any compounded product that contains at least one drug (Flurbiprofen topical) that is not recommended, is not recommended. In this case, the injured workers working diagnosis is cervical spine musculoligamentous sprain. Topical nonsteroidal anti-inflammatory creams are not indicated for treatment of the spine. Consequently, absent FDA approval for Flurbiprofen, Flurbiprofen topical cream #30 g is not medically necessary.

**Flurbiprofen Topical Cream 120 gm:** 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 Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen topical cream #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Flurbiprofen is not FDA approved. Topical nonsteroidal anti-inflammatory creams or gels are indicated over a joint that lends itself to topical application (ankle, elbow and, knee, etc.-Voltaren gel 1%). It has not been evaluated for treatment of the spine, hip or shoulder. Any compounded product that contains at least one drug (Flurbiprofen topical) that is not recommended, is not recommended. In this case, the injured workers working diagnosis is cervical spine musculoligamentous sprain. Topical nonsteroidal anti-inflammatory creams are not indicated for treatment of the spine. Consequently, absent FDA approval for Flurbiprofen, Flurbiprofen topical cream #120 g is not medically necessary.

**Cyclobenzaprine/tramadol/ topical cream 30 gm:** 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 Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine/Cyclobenzaprine/Tramadol topical cream 30 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnosis is cervical spine musculoligamentous sprain. Any compounded product that contains at least one drug (cyclobenzaprine) that is not recommended, is not recommended. Topical cyclobenzaprine is not recommended. Consequently, cyclobenzaprine/cyclobenzaprine/tramadol topical cream 30 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine/Cyclobenzaprine/Tramadol topical cream 30 g is not medically necessary.

**Cyclobenzaprine/Tramadol topical cream 120 gm:** 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 Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine/Cyclobenzaprine/Tramadol topical cream 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnosis is cervical spine musculoligamentous sprain. Any compounded product that contains at least one drug (cyclobenzaprine) that is not recommended, is not recommended. Topical cyclobenzaprine is not recommended. Consequently, cyclobenzaprine/cyclobenzaprine/tramadol topical cream 30 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine/Cyclobenzaprine/Tramadol topical cream 120 g is not medically necessary.