

<b>Case Number:</b>	CM14-0205721		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/10/2010
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57-year-old man who sustained a work-related injury on October 10, 2011. Subsequently, the patient developed chronic neck and low back pain. Prior treatments included: medications, rest, physical therapy, epidural steroid injection, home exercise, chiropractic therapy, massage, TENS, and acupuncture. According to a progress report dated September 24, 2014, the complained of neck, head, and low back pain. Pain was rated 7/10 and associated with pins, needles, and numbness. Physical examination revealed an antalgic gait. The cervical and lumbar range of motion was decreased by pain. There were no neurological deficits. The patient's diagnoses included: cervical post laminectomy syndrome, lumbar facet arthropathy, lumbosacral neuritis, and myofascial pain syndrome. The provider requested authorization for Flurb/Cyclo/Lido.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb/Cyclo/Lido:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Salicylate Page(s): 111-113; 105.

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

**Decision rationale:** The requested topical cream is formed by the combination of Flurbiprofen, Cyclobenzaprine, and Lidocaine. According to MTUS Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Flurbiprofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Flurb/Cyclo/Lido is not medically necessary.