

<b>Case Number:</b>	CM15-0138203		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/07/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 54 year old female who sustained an industrial injury on July 7, 2009. She reports a repetitive work related injury. She has reported right shoulder and cervical spine pain and has been diagnosed with other specified disorders of bursae and tendons in shoulder region and pain in joint, shoulder region. Treatment has included medications, medical imaging, acupuncture, and physical therapy. She returned with complaints of persistent pain to the bilateral upper extremity and cervical spine. She was currently undergoing acupuncture but claimed it is too soon to say if it was helping. The treatment plan includes physical therapy and a urine drug screen. The treatment request included topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurb/Cyclo/Menth cream:** 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.

**Decision rationale:** Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and there is no documented neuropathic pain. The request for topical flurbiprofen/cyclobenzaprine/menth cream is not medically appropriate and necessary.