MAXIMUS Federal Services

| Case Number: | CM15-0144021 | | |
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| Date Assigned: | 08/05/2015 | Date of Injury: | 03/25/2014 |
| Decision Date: | 09/21/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

## 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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 63 year old male, who sustained an industrial injury on 3-25-2014. He reported cumulative trauma of the neck, bilateral shoulders, bilateral hands, bilateral knees and feet, and low back. The injured worker was diagnosed as having history of right knee injury and surgery, cervical strain with anterior cervical spondylosis at C5-C6 and left greater than right upper extremity cervical radiculitis, moderate left carpal tunnel syndrome, mild to moderate right carpal tunnel syndrome, bilateral shoulder impingement syndrome, status post excision of ganglion cyst of the flexor tendon sheath of the ring finger on the left, status post transverse process fractures on the right at L2-L4 from a previous injury non-work related, low back strain with left lower extremity S1 lumbar radiculopathy, sleep disturbance, and hypertension, wrist contusion, and knee contusion. Treatment to date has included medications, electrodiagnostic studies, magnetic resonance imaging of the bilateral shoulders, acupuncture, and cervical spine, lumbar spine and right shoulder magnetic resonance imaging (4-9-2015). The request is for retrospective 1-14-15, Cyclobenzaprine 2%, Flurbiprofen 25%, 180 grams with auto refills. On 1-23-2015, a QME report indicated he had reported neck pain with radiation into the shoulders and down the spine, bilateral shoulder pain with radiation to the neck and down to the low back, numbness and locking of the 2nd, 3rd, 4th, and 5th digits of the bilateral hands. He also reported low back pain with radiation down the bilateral lower extremities, bilateral knee pain with weakness, bilateral feet pain with numbness over the toes. He indicated he did not have gastrointestinal issues or depression; however he did have sleep disturbances. He is working. He is independent in his activities of daily living. Physical examination revealed positive Phalen's sign of the bilateral wrists, positive Tinel's sign bilaterally at the wrists and negative

at the elbows. He is positive impingement sign of the bilateral shoulders, positive crepitation in the knees, and positive straight leg raise test on the left. The treatment plan included: further diagnostic studies, work restrictions, anti-inflammatory medications, and physical therapy. On 7-25-2015, he reported pain to the neck rated 8 out of 10, thoracic spine pain rated 7 out of 10, low back pain rated 8 out of 10, right shoulder pain rated 8 out of 10, and left shoulder pain rated 8 out of 10. He indicated creams help with the thoracic spine and lumbar spine, and bilateral shoulders. In addition he reported bilateral wrist and bilateral hand pain, each rated 7 out of 10.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 05/06/14 - Cyclobenzaprine 2%/Flurbiprofen 10% 240gm with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Cyclobenzaprine 2%/Flurbiprofen 10% 240gm with 1 refill in this injured worker, the records do not provide clinical evidence to support and therefore is not medically necessary.