

<b>Case Number:</b>	CM15-0164749		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/09/2010
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male who sustained an industrial injury on 10-09-2010 when he was falling approximately 8 feet off a ladder when he grabbed a control box cutting tendons in the 2nd through 5th digits of the right hand. The injured worker landed on his feet and also sustained a fracture rib. The injured worker was diagnosed with lumbar degenerative disc disease and spinal stenosis, lumbar radiculopathy, cervical radiculopathy and left shoulder strain. The injured worker is status post right hand surgery for initial injury in October 2010 (no procedure documented), hand surgery for tenolysis in December 2011 and C3-C6 fusion in November 2012. Treatment to date has included diagnostic testing, surgery, extensive occupational hand therapy, transcutaneous electrical nerve stimulation (TEN's) unit, cervical epidural steroid injections, lumbar translaminar epidural steroid injections in June 22, 2015, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on August 3, 2015, the injured worker continues to experience neck, left shoulder and low back pain with radiation to the bilateral lower extremities. The injured worker reported the lumbar epidural steroid injection in June 2015 reduced his low back pain and leg symptoms by 70%. The injured worker is beginning to have numbness and tingling in his legs with beneficial analgesic effects. The injured worker rated his pain at 6 out of 10 on the pain scale. Examination demonstrated severely limited cervical range of motion in all planes due to pain. Sensation to light touch was intact. Left upper extremity strength gives way to left shoulder pain. Grip was within normal limits and equal bilaterally. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles bilaterally. Patellar reflexes were 2 plus out of 4 and

Achilles were 1 plus out of 4 bilaterally. Extensor hallucis longus muscle strength was weak bilaterally otherwise lower extremity motor strength was intact. Sensation to light touch was intact bilaterally with negative straight leg raise bilaterally. The injured worker was able to stand on toes and heels without difficulty. There was no atrophy or edema of the lower extremities present. Current medications were listed as MsContin 15mg, Percocet 7.5mg-325mg, Amitiza, Lyrica, Lunesta and topical analgesics. Treatment plan consists of continuing use of transcutaneous electrical nerve stimulation (TEN's) unit, continuing medication regimen, routine urine drug screening, repeat laboratory blood work and the current request for compound cream (Flurbiprofen 25% and diclofenac 10%).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Compound cream (flurbiprofen 25%/diclofenac 10%), #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Compound cream (Flurbiprofen 25%/Diclofenac 10%), #1 is not medically necessary per the MTUS Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states that in regards to Diclofenac the most common adverse reactions were dermatitis and pruritus. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not reveal a failure of first line medication or inability to take oral medications. The documentation does not reveal extenuating circumstances that necessitate this compound cream therefore this request is not medically necessary.