

<b>Case Number:</b>	CM15-0185662		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 51 year old female, who sustained an industrial injury on 8-5-02. She reported shoulder and neck pain. The injured worker was diagnosed as having coccydynia, status post C5-6 anterior cervical fusion with residuals, right shoulder impingement with possible SLAP tear, severe right carpal tunnel syndrome, symptomatic right lateral epicondylitis, and fibromyalgia. Treatment to date has included anterior cervical fusion on 1-6-14, left carpal tunnel release in 2003, and medication including Benazepril, Clonazepam, and Ambien. Physical examination findings on 8-7-15 included diffuse muscle guarding and tenderness in the cervical spine. Axial head compression and head distraction tests were positive. Cervical range of motion was decreased and all movements of the cervical spine were guarded and limited with pain. Right shoulder range of motion was decreased and impingement and O'Brien's tests were positive on the right. Tenderness was also noted to the right lateral epicondyle and tennis elbow test was positive. Tinel's signs were positive on bilateral wrists. Diffuse lumbar muscle guarding and tenderness extending into the coccyx with moderate discomfort was noted and Yeoman's test and straight leg tests were positive bilaterally. On 8-7-15 neck pain, shoulder pain, and bilateral wrist pain was rated as 8 of 10. Lumbar spine pain was rated as 7 of 10. On 8-7-15 the treating physician noted "she reports injury related difficulties with all activities of daily living. She has discomfort with grooming and fixing her hair. She has difficulty sweeping, cleaning, and bending while dressing. She cannot lift bags of groceries, doing laundry, wash dishes, vacuum clean, mop, and take the trash out." On 8-24-15, the injured worker complained of neck pain, shoulder pain, elbow pain, and bilateral hand or wrist pain. The treating physician requested authorization for Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 0.2%, and Menthol 5% topical cream. On 9-1-15 the request was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Creams: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 0.2% Menthol 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical records provided for review indicate a pain condition related to neurological condition but does not detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such the mediation records do not support the use of topical compound cream at this time as medically necessary. The request is not medically necessary.