

<b>Case Number:</b>	CM15-0188494		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 30 year old female who sustained an industrial injury on 01-19-2014. A review of the medical records indicated that the injured worker is undergoing treatment for cervical and low back sprain and strain with sciatica, left elbow medial epicondylitis, bilateral shoulder sprain, left carpal tunnel syndrome, bilateral De Quervain's, and bipolar panic disorder with recent attempted suicide. According to the treating physician's progress report on 08-25-2015, the injured worker continues to experience neck pain rated at 6.5 out of 10 radiating to the bilateral upper extremities, left side greater than right, bilateral shoulder pain rated at 8 out of 10, bilateral hand pain rated at 5 out of 10, and low back pain with tightness and spasm rated at 7 out of 10 on the pain scale. Examination of the cervical spine and lumbosacral spine demonstrated tenderness. There was spasm noted at the bilateral trapezius muscles. Cervical compression, Spurling's, and cervical distraction tests were negative. Gait was within normal limits with a slumped posture and stiffness with movement. Prior treatments have included multiple magnetic resonance imaging (MRI)'s, electrodiagnostic studies of the bilateral upper and lower extremities, physical therapy for the cervical spine, lumbar spine and bilateral shoulder, acupuncture therapy, chiropractic therapy, lumbar epidural steroid injection, transcutaneous electrical nerve stimulation (TEN's) unit and topical analgesics. The injured worker is on temporary total disability (TTD). Current medications were listed as topical analgesics. Treatment plan consists of continuing with physical therapy, acupuncture therapy, and the current request for flurbi-menthol-caps-camphor cream and cyclo/tramadol cream apply BID with 1 Refill. On 09-15-2015 the Utilization Review determined the request for flurbi-menthol-caps-camphor cream and cyclo/tramadol cream apply BID with 1 refill was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flurbi-Menthol-Caps-Camph Cream apply BID with 1 Refill: Upheld**

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

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

**Decision rationale:** The CA MTUS cited lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. Of the non FDA-approved agents, only ketoprofen was listed. In neither case is flurbiprofen topical indicated. In addition, the MTUS states that topical NSAIDs are not recommended for neuropathic pain. In the case of this injured worker, the treating provider notes available are not clear concerning what diagnosis and treatment area the prescribed flurbi-menthol-caps-camph cream was to be used for. However, in either instance, flurbi-menthol-caps-camph cream apply BID with 1 refill is not medically necessary and appropriate.

### **Cyclo/Tramadol Cream apply BID with 1 Refill: Upheld**

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

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

**Decision rationale:** The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the request for cyclo/tramadol cream apply BID with 1 refill cannot be considered medically necessary and appropriate at this time.