

<b>Case Number:</b>	CM15-0189249		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Arizona, California

Certification(s)/Specialty: 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:

This injured worker is a 35-year-old female, who sustained an industrial injury on 04-03-2014. The injured worker was diagnosed as having left shoulder sprain-strain and lumbar spine sprain-strain with radiculitis. On medical records dated 08-11-2015 and 07-14-2015, the subjective complaints were noted as left shoulder pain and low back pain. Pain was constant with radiation, numbness, tingling and cramping down her legs, pain rated a 8 out of 10. Left shoulder pain was rated a 3-8 out of 10 and noted to decrease with medication. Objective findings were noted as thoracolumbar spine revealed tenderness to palpation with spasms of the paraspinals. In addition, left shoulder was note as having minimal inflammation. In addition, right ankle revealed tenderness to palpation of the dorsum of the right foot; toe ranges of motion were full with pain at the end of range. Treatment to date included medications and surgical intervention. The injured worker was noted to be total temporary disabled. Current medications were not listed on 08-11-2015. The Utilization Review (UR) was dated 09-09-2015. A Request for Authorization for Cyclobenzaprine 5%, Flurbiprofen 20% Hyaluron 180gm was submitted. The UR submitted for this medical review indicated that the request for was Cyclobenzaprine 5%, Flurbiprofen 20% Hyaluron 180gm non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5%, Flurbiprofen 20% Hyaluron 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on the above topical along with other topical analgesics for several months. Combined use of multiple topicals is not recommended. Since the compound above contains these topical medications, the Cyclobenzaprine 5%, Flurbiprofen 20% Hyaluron is not medically necessary.