

<b>Case Number:</b>	CM15-0194347		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/16/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old male, who sustained an industrial injury on 1-16-2002. The injured worker was being treated for right shoulder internal derangement, unstable L5-S1 spondylosis-spondylolisthesis with radiculitis, right lateral epicondylitis, and cervical sprain-strain. Treatment to date has included diagnostics, multiple right shoulder surgeries (2002 and 2007), shockwave therapy, steroid injections, trigger point injections, and medications. On 8-13-2015, the injured worker complains of intractable neck, right shoulder, and upper extremity radiating pain, not rated. The treating physician documented that "oral medications were minimally effective" and he "has been detoxed off narcotics". Ineffective oral medications were not specified. Pain was not rated and function with activities of daily living was not described. Exam noted paracervical tenderness, right trapezius trigger point, positive axial head compression, and "mild" reduction in right shoulder range of motion with positive impingement (unchanged from 6-17-2015). Topical compound cream medication was requested for "residual and chronic pain". He was encouraged to use his interferential unit. His work status remained permanent and stationary. The treatment plan included compound topical cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic acid 0.2%, Menthol 5%, 120grams, non-certified by Utilization Review on 9-10-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound topical cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic acid 0.2%, Menthol 5%, 120grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Lidocaine medications for this chronic 2002 P&S injury without improved functional outcomes attributable to their use. The Compound topical cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic acid 0.2%, Menthol 5%, 120 grams is not medically necessary and appropriate.