

<b>Case Number:</b>	CM15-0195467		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 45 year old male, who sustained an industrial injury on 03-16-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for bilateral shoulder impingement syndrome, cervical hyperextension-hyperflexion with repetitive stress and discopathy, lumbar hyperextension-hyperflexion with repetitive stress and discopathy, headaches, anxiety and depression, status post right carpal tunnel release and right DeQuervain's release, and chronic pain syndrome. Treatment and diagnostics to date has included medications. Recent medications have included Tylenol #3, Prilosec, Mobic, and topical compound cream. After review of progress notes dated 05-19-2015 and 07-06-2015, the injured worker reported "severe" right greater than left shoulder pain (rated 6-8 out of 10 on the pain scale), neck pain (rated 6-7 out of 10), low back pain (rated 6-8 out of 10), and numbness and tingling to the right upper extremity. Objective findings included painful cervical extension with muscle tightness, limited shoulder range of motion, and positive right shoulder impingement sign. The request for authorization dated 07-06-2015 requested Flurbiprofen-Diclofenac-Gabapentin-Lidocaine cream (10%-10%-10%-5%) 180gm, apply a thin layer to affected area twice a day. The Utilization Review with a decision date of 09-23-2015 denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Diclofenac/Gabapentin/Lidocaine cream 180gm 10%/10%/10%/5%:** 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:** 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 and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, topical compounded Flurbiprofen and Diclofenac posing an increase risk profile without demonstrated extenuating circumstances and indication. 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 anti-seizure medication for this chronic 2012 injury without improved functional outcomes attributable to their use. The Flurbiprofen/Diclofenac/Gabapentin/Lidocaine cream 180gm 10%/10%/10%/5% is not medically necessary and appropriate.