

<b>Case Number:</b>	CM15-0201141		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	03/08/2007
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52-year-old female, who sustained an industrial injury on March 08, 2007. The injured worker was diagnosed as having lumbago, lumbar degenerative disc disease, right carpal tunnel syndrome, right de Quervain's disease, and left carpal tunnel syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine and electromyogram with nerve conduction study. In a progress note dated September 14, 2015 the treating physician reports complaints of pain to the left shoulder, right knee, and low back that radiates to the bilateral legs. The medical records provided did not include the injured worker's examination performed on September 14, 2015. Examination performed on May 11, 2015 was revealing for tenderness to the bilateral trapezius muscles, tenderness to the cervical six and seven spinous processes, decreased range of motion to the cervical spine, tenderness to the bilateral shoulders, tenderness to the right anterior glenoid muscle, tenderness to the left lateral epicondyle, decreased range of motion to the bilateral shoulders, decreased range of motion to the left wrist, positive Phalen's testing bilaterally, positive Tinel's testing bilaterally, tenderness to the bilateral multifidus and longissimus muscles, tenderness to the lumbar five and sacral one processes, decreased range of motion to the lumbar spine, positive Lasague's testing bilaterally, decreased range of motion to the right knee, and tenderness to the medial right knee. The progress notes from September 14, 2015 and May 11, 2015 did not indicate the injured worker's current medication regimen and also did not indicate the injured worker's numeric pain level as rated on a visual analog scale. The progress note from May 11, 2015 included the request for the medications Ultram and Gabapentin-

Flurbiprofen Compound, but the medical records included did not indicate the use of these medications. On September 14, 2015, the treating physician requested Flurbi (NAP) Cream-LA 180gms, but did not indicate the specific reason for the requested medication. On September 30, 2015, the Utilization Review determined the request for Flurbi (NAP) Cream-LA 180gms 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 (NAP) cream-LA 180gms:** 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 the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the current request does not meet CA MTUS guidelines. Therefore, the request is not medically necessary.