

<b>Case Number:</b>	CM15-0202507		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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:

The injured worker is a 51 year old, female who sustained a work related injury on 9-16-14. A review of the medical records shows she is being treated for left shoulder pain. In progress notes dated 7-20-15 and 8-21-15, the injured worker reports persistent left shoulder pain. She rates her pain a 6-7 out of 10. She is improving her left shoulder range of motion since starting physical therapy. She also reports left hand pain. She rates this pain a 7 out of 10. She reports the Tramadol brings all pain from 7 out of 10 down to a 3-4 out of 10. She reports the Motrin bring pain level from 7 out of 10 to 4 out of 10. On physical exam dated 8-21-15, she has increased range of motion in left shoulder. She has some decreased strength in left shoulder. She has decreased strength and sensation to left hand. Treatments have included greater than 20 physical therapy sessions and medications. Current medications include Tramadol and Motrin. She is not working. The treatment plan includes continuing with physical therapy and medications. The Request for Authorization dated 9-8-15 has requests for Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%-menthol 4% cream, Tramadol, Motrin and a urine drug screen. In the Utilization Review dated 9-16-15, the requested treatment of Flurbiprofen 20%-Baclofen 5%-Lidocaine 4%- menthol 4% cream is not medically necessary. The requested treatment of Tramadol 50mg. #90 is modified to Tramadol 50mg. #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Baclofen/Lidocaine/Menthol Cream 20/5/4/4% quantity 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:** 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 Baclofen 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 an oral NSAID (Motrin) and Tramadol. Since the compound above contains these topical medications, the Flurbiprofen/Baclofen/Lidocaine/Menthol Cream 20/5/4/4% is not medically necessary.

**Tramadol 50mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for several months. Long-term use is not indicated. There was no mention of Tylenol failure. The claimant's pain is controlled with Motrin. The Tramadol is used sparingly. There was no mention of weaning failure either. Continued use is not a medical necessity.