

<b>Case Number:</b>	CM15-0027650		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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  
 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 56 year old female who sustained an industrial injury on 01/25/2010. Diagnoses include cephalgia and dizziness, left hemihypoesthesia, cervical radiculopathy, thoracic radiculopathy, and lumbar radiculopathy. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, and topical analgesics. A physician progress note dated 12/03/2014 documents the injured worker has difficulty with most activities of daily living. She has increased pain in her right shoulder, and cervical and lumbar spine regions. She uses a cane to walk. She has a mild limp with her left leg in all modalities of gait testing. Romberg test was positive. She has swelling in both of her feet. She has right more than left shoulder tenderness with limited range of motion. There is bilateral knee tenderness, and tenderness at the lumbar spine as well as, to a lesser extent of the interscapular and cervical regions. She reported subjective cervical clicking (status post-surgery). Nerve conduction study done on 12/03/2014 revealed normal nerve conduction studies of the upper extremities. Treatment requested is for Flurbiprofen 20%/Tramadol 20% cream. On 02/02/2015 Utilization Review non-certified the request for Flurbiprofen 20%/Tramadol 20% cream and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Tramadol 20% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with chronic neck, back, left foot, bilateral shoulder, bilateral knee pain. The current request is for FLURIBIPROFEN 20% TRAMADOL 20% CREAM. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration." Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amenable to topical treatment."The patient has complaints of chronic knee pain and s pain in her left wrist and forearm. The use of a topical NSAID may be indicated for this patient; however, Tramadol has not been tested for transdermal use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The requested topical compound cream IS NOT medically necessary.