

<b>Case Number:</b>	CM15-0219135		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old male, who sustained an industrial injury on 11-4-13. The injured worker was diagnosed as having cervical radiculopathy, thoracic radiculopathy, lumbar radiculopathy, headache and insomnia. Subjective findings (5-14-15, 6-11-15, 7-17-15 and 8-13-15) indicated neck, mid back, low back and lower extremity pain and headaches. The injured worker rated his headache pain 6 out of 10 and all other areas 8-9 out of 10. There is no documentation of gastrointestinal distress from oral medications. The treating physician noted that the injured worker has decreased muscle mass and strength due to loss of appetite. Objective findings (5-14-15, 6-11-15, 7-17-15 and 8-13-15) revealed decreased cervical and thoracic range of motion, a positive straight leg raise test bilaterally and decreased sensation to light touch in the right L5 and S1 dermatome. As of the PR2 dated 10-8-15, the injured worker reports neck, mid back, low back and lower extremity pain and headaches. Objective findings include decreased cervical and thoracic range of motion, a positive straight leg raise test bilaterally and decreased sensation to light touch in the right L5 and S1 dermatome. Current medications include Anaprox, Prilosec, Ultram, Flurbiprofen 25% cream (since at least 4-17-15) and Cyclobenzaprine 10% and Tramadol 10% cream (since at least 4-17-15). Treatment to date has included physical therapy x 10 visits, Lunesta, Voltaren XR and Fexmid. The Utilization Review dated 10-21-15, non-certified the request for Cyclobenzaprine 10% and Tramadol 10%, 120gm and Flurbiprofen 25%, 120gm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream: Cyclobenzaprine 10% and Tramadol 10%, 120gm to reduce the impact on the patient's gastrointestinal:** 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, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and not medically necessary.

**Topical cream: Flurbiprofen 25%, 120gm to reduce the impact on the patient's gastrointestinal:** 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, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and not medically necessary.