

<b>Case Number:</b>	CM15-0044142		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 male who sustained an industrial injury on 06/27/2013. The mechanism of injury was straining his right arm while lifting a wheelchair. Diagnoses include: cervical spine musculoligamentous strain/sprain, chronic with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain-chronic, lumbosacral spine musculoligamentous strain/sprain-chronic, right shoulder tendinitis, rule out right shoulder impingement syndrome, right elbow lateral epicondylitis, right elbow medial epicondylitis, rule out right elbow cubital tunnel syndrome, right wrist strain/sprain, chronic, and rule out right wrist carpal tunnel syndrome. Treatment to date has included medications, chiropractic therapy, and physical and occupational therapy. A physician progress note dated 02/05/2015 documents the injured worker has pain in the neck, mid/upper back, right shoulder, right elbow and pain in the lower back that radiates to the right lower extremity. He also complains of numbness in the right wrist that radiates to the right hand. He has tenderness to palpation of the cervical spine, thoracic spine, lumbar spine, right shoulder, right elbow and right wrist. There is restricted range of motion in the cervical spine and right shoulder. The physician is prescribing chiropractic therapy, oral medication, extracorporeal shockwave therapy, EMG/NCV studies and a urine toxicology testing. Topical medication was prescribed in order to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from the use of NSAID medications.

Treatment requested is for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Camphor 2%/Capsaicin 0.025% in cream base 180 gram, apply a thin layer 2-3 times daily as needed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Camphor 2%/Capsaicin 0.025% in cream base 180 gram, apply a thin layer 2-3 times daily as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 63-64, 80, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Camphor 2%/Capsaicin 0.025% in cream base 180 gram, apply a thin layer 2-3 times daily as needed is not medically necessary.