

<b>Case Number:</b>	CM15-0044545		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/25/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 32 year old female who sustained an industrial injury on 03/01/2012. Diagnoses include headaches, cervical spine sprain/strain, rule out cervical herniated nucleus pulposus, cervical radiculopathy, lumbar spine sprain/strain, rule out herniated nucleus pulposus, lumbar radiculopathy, bilateral knee pain, anxiety disorder, stress, and sleep disorder. Treatment to date has included medications, and lumbar epidural steroid injections. A physician progress note dated 08/26/2014 documents the injured worker complains of headaches, burning radicular neck pain rated 7 out of 10, associated with numbness and tingling of the bilateral upper extremities. She has burning radicular low back pain with muscle spasms, associated with numbness and tingling of the bilateral lower extremities. The injured worker has burning bilateral knee pain and muscle spasms rated 6 out of 10, stress, anxiety, insomnia and depression. Medications do offer temporary relief of pain and improve ability to have a restful sleep. Treatment requested is for Cyclobenzaprine/Tramadol/Flurbiprofen 210gm, and Flurbiprofen/Tramadol 201gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Tramadol 201gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Flurbiprofen/tramadol 201gm is not medically necessary.

**Cyclobenzaprine/Tramadol/Flurbiprofen 210gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream- Cyclobenzaprine/Tramadol/Flurbiprofen 210gm is not medically necessary.