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| <b>Case Number:</b>   | CM15-0082160 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 11/24/2014 |
| <b>Decision Date:</b> | 06/05/2015   | <b>UR Denial Date:</b>       | 03/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2015 |

### 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: Texas, Florida

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 35 year old female, who sustained an industrial injury on November 24, 2014. The injured worker reported head injury due to object falling. The injured worker was diagnosed as having blunt head trauma, cervical strain rule out disc herniation, headaches and anxiety and depression. Treatment to date have included medications and PT. A progress note dated March 11, 2015 provides the injured worker complains of neck pain radiating to arms and low back pain radiating to the legs. She rates her pain 7-8/10 and increasing to 9/10 with prolonged standing, walking bending or twisting. With medication it is 4/10. She reports the pain is gradually increasing. Physical exam notes positive cervical compression test with radiation to upper extremities, and decreased range of motion (ROM). There is decreased range of motion (ROM) of the bilateral shoulders and lumbar spine. The plan includes topical and oral medications, neuro consultation and lab work. The medications listed are Ultram and topical Flurbiprofen / lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% and lidocaine 5% cream 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when conservative treatments with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line anticonvulsant and antidepressant medications. The guidelines recommend that these first line medications be utilized for the treatment of chronic pain associated with psychosomatic symptoms. The criteria for the use of flurbiprofen 20% / lidocaine 5% 180gm was not met.