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| <b>Case Number:</b>   | CM14-0124549 |                              |            |
| <b>Date Assigned:</b> | 08/08/2014   | <b>Date of Injury:</b>       | 05/31/2013 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/06/2014 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male with a 5/31/14 date of injury, while moving a refrigerator from the 4th floor to a garage. Progress note dated 7/8/14 described continued complaints of 7/10 pain. Hydrocodone was refilled. Progress note dated 5/23/14 described ongoing low back pain with radiation into the lower extremities; numbness, weakness; tingling; and burning. Physical therapy was noted to not have helped the patient and pain levels remained at 10/10. Clinically, there was evidence of tenderness to palpation in the low back; noticeably antalgic gait; positive Kemp's test; positive bilateral SLR and Deyerle's sign; and positive Lewin's punch test on the right. Range of motion was reduced in the low back. Chiropractic treatment, acupuncture, neurosurgical consultation, MRI of the lumbar spine, PO and topical medications were requested. UDS performed on 2/20/14 was positive for Hydrocodone. UDS performed on 4/7/14 was negative for all medications. UDS performed on 7/6/14 was positive for Hydromorphone. Treatment to date has included acupuncture, activity modification, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication - Flurbiprofen, Tramadol, Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory drugs Page(s): 111-113.

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

**Decision rationale:** Medical necessity for the requested topical medication containing Flurbiprofen, Tramadol, and Cyclobenzaprine is not established. The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), and muscle relaxants are not recommended for topical applications. There is no discussion regarding duration of use, reduction in PO medication use, pain relief, or functional improvement attributed to the topical medication. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, this request is not medically necessary.