

<b>Case Number:</b>	CM14-0185964		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/08/2003
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55-year old female with an injury date on 04/08/2003. Based on the 08/29/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical sprain/strain syndrome. 2. Cervical discopathy. 3. Upper extremity tendinopathy. According to this report, the patient complains of neck, left shoulder and bilateral hands. The patient rates the severity of her neck pain as 6/10 on the left side and 2/10 on the right side. Physical exam reveals tenderness at the occipital insertion of the paracervical musculature and the trapezil muscles. Head compression sign, Tinel's sign, and Phalen's test are positive. There is discomfort with cervical spine ROM. There were no other significant findings noted on this report. The utilization review denied the request on 10/13/2014. The treating physician is the requesting provider and he provided treatment reports from 05/01/2014 to 08/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Diclofenac/Tramadol Cream 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section, Topical Cream, MEDICATION FOR CHRONIC PAIN Page(s): 111-113, 78.

**Decision rationale:** According to the 08/29/14 report, this patient presents with neck, shoulder and hands pain. The physician is requesting prospective use of Flurbiprofen /Diclofenac /Tramadol cream 120 gram. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS then discusses various topical with their indications. However, there is no discussion specific to Tramadol cream. ODG guidelines do not discuss Tramadol topical either. MTUS does state on page 94 that Tramadol is indicated for moderate to severe pain. Tramadol is a synthetic opioid and usage of Tramadol requires documentation of the 4 A's as stated in MTUS page 78. The treating physician has failed to document (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. Therefore, Flurbiprofen/Diclofenac/Tramadol Cream 120gm is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Lidocaine Cream 120gm:** Upheld

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

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

**Decision rationale:** According to the 08/29/14 report by the treating physician, this patient presents with neck, left shoulder and bilateral hands. The physician is requesting for Flurbiprofen /Cyclobenzaprine /Lidocaine cream 120 gram. Regarding Topical Analgesics, MTUS page 111 states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Regarding Cyclobenzaprine topical, MTUS also states, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine and Lidocaine cream are not recommended for topical formulation. Flurbiprofen/Cyclobenzaprine/Lidocaine Cream 120gm is not medically necessary.