

<b>Case Number:</b>	CM14-0143751		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a male who was injured on 1/16/2013. He was diagnosed with brachial neuritis/radiculitis, bilateral knee pain, cervical disc disease, and lumbar disc disease/radiculopathy. He was treated with physical therapy and medications. On 7/14/14, the worker was seen by his primary treating physician with "symptom exacerbation" (no specifics given). Physical examination findings included decreased range of motion of the cervical and lumbar spine, midline and paraspinal muscle tenderness of the cervical and lumbar areas, negative cervical compression test, and tenderness over the patellofemoral joint on both knees. He was then recommended physical therapy, Anaprox, Prilosec, "topical creams", and to follow-up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Topical Cream (Flurbiprofen 15% and Cyclobenzaprine 10%) 120 Grams, Refill 6:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. Also, the MTUS is clear that any topical use of a muscle relaxant is not recommended as there is no data to support its use in this way. It also states that any combination topical product that contains at least one drug or drug class that is not recommended is not recommended. In the case of this worker, this combination topical analgesic (Flurbiprofen/Cyclobenzaprine) has a muscle relaxant as one of the active ingredients, and therefore, the entire product is not recommended and will be considered medically unnecessary.