

<b>Case Number:</b>	CM14-0193361		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/12/2011
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Management 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:

According to the records made available for review, this is a 63-year-old female with a 2/12/11 date of injury. At the time (10/18/14) of request for authorization for Flurbiprofen / Cyclobenzaprine / Menthol cream (20% / 10% / 4%) 180gm, there is documentation of subjective (persistent pain affecting the neck and lower back, pain radiating to the upper and lower extremities) and objective (cervical spine loss of range of motion, positive cervical compression on the right with radiation into the shoulder, shoulder decreased range of motion and positive impingement sign on the right) findings, current diagnoses (chronic cervical strain, chronic right shoulder strain and impingement, and right carpal tunnel syndrome), and treatment to date (medications, exercises, and activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen / Cyclobenzaprine / Menthol cream (20% / 10% / 4%) 180gm: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic cervical strain, chronic right shoulder strain and impingement, and right carpal tunnel syndrome. However, Flurbiprofen / Cyclobenzaprine / Menthol cream (20% / 10% / 4%) 180gm contains at least one drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen / Cyclobenzaprine / Menthol cream (20% / 10% / 4%) 180gm is not medically necessary.