

<b>Case Number:</b>	CM15-0143929		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old male, who sustained an industrial injury on 3-25-2014. He reported injury to the bilateral shoulder, hearing loss, bilateral knees, low back, neck, bilateral hands and wrists. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical sprain and strain, thoracic musculoligamentous injury, thoracic sprain and strain, lumbar musculoligamentous injury, lumbar sprain and strain, bilateral shoulder myoligamentous injury and sprain and strain, bilateral carpal tunnel syndrome, bilateral wrist sprain and strain from cumulative trauma. Treatment to date has included medications, right shoulder, cervical spine, lumbar spine magnetic resonance imaging (4-9-2015), cold-heat therapy, TENS unit, toxicology testing, and acupuncture. The request is a retrospective request for Cyclobenzaprine 2%-Flurbiprofen 25% 180 grams with auto refills. Several pages of the medical records have handwritten information, which is difficult to decipher. The records indicate he has been prescribed Cyclobenzaprine 2%-Flurbiprofen 25% since at least January 2015 and other topical creams since May 2014, with no noted benefit. On 2-19-2015, he was seen by QME. On 7-25-2015, he reported neck pain rated 8 out of 10, thoracic spine pain rated 7 out of 10, lumbar spine pain rated 8 out of 10, bilateral shoulder pain rated 8 out of 10, and bilateral wrist and hand pain rated 7 out of 10. The treatment plan included urine analysis testing, therapy, acupuncture, x-ray, magnetic resonance imaging, electrodiagnostic studies, orthopedic consultation, durable medical equipment, and pain management consultation. His work status is noted as modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (1/14/15) Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm with auto refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for retrospective (1/14/15) Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm with auto refills is not medically necessary.