

<b>Case Number:</b>	CM15-0064921		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	08/19/1998
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female who sustained an industrial injury on August 19, 1998. The injured worker was diagnosed with internal knee derangement, bilateral knee arthropathy, cervical spondylosis, lumbar radiculitis, failed lumbar surgery syndrome, bilateral carpal tunnel syndrome and bilateral shoulder impingement. Treatment to date includes diagnostic testing, steroid injections, facet joint injections, surgeries, physical therapy, chiropractic therapy, spinal cord stimulator (SCS) implant and medications. The injured worker underwent right shoulder surgery times 2, left shoulder, three level lumbar fusion and most recently is status post left knee arthroscopic synovectomy, and partial medial and lateral meniscectomies on October 10, 2014. According to the primary treating physician's progress report on March 10, 2015, the injured worker continues to experience cervical pain radiating to the bilateral upper extremities, bilateral shoulder pain, bilateral wrist pain, lumbar pain into the bilateral lower extremities and bilateral knee pain. Her pain levels remain at 9/10. Examination demonstrated decreased range of motion with pain of the cervical and lumbar spine with diffuse tenderness of the cervical facet joints bilaterally with positive compression test. There was decreased range of motion with pain and decreased deep tendon reflexes of the lower extremities with reported falls due to loss of equilibrium. The injured worker uses a walker for ambulation. Current medications are listed as Omeprazole. The injured worker declines oral medications due to gastrointestinal upset. Treatment plan consists of pain management and orthopedic evaluations, balance training and the current request for topical analgesics.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Topical Cream Flurbiprofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been topical analgesics for several months including Terocin and prescribed other topical analgesics along with Flurbiprofen. The claimant did not have the above diagnoses and long-term use of topical analgesics is not recommended. The Flurbiprofen is not medically necessary.

### **Topical Cream Cyclobenzaprine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine is not recommended due to lack of evidence. In this case, the claimant had been topical analgesics for several months including Terocin and prescribed other topical analgesics along with Cyclobenzaprine. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.

### **Topical Cream Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical opioids such as Tramadol lack clinical evidence. In this case, the claimant had been topical analgesics for several months including Terocin and prescribed other topical analgesics. The claimant did not have the above diagnoses and long-term use of topical analgesics is not recommended. The claimant had also been on oral Tramadol in the past. The use to topical Tramadol is not medically necessary.