

<b>Case Number:</b>	CM15-0077162		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old female who sustained an industrial injury on January 18, 2014. She has reported injury to the right shoulder and right hand and has been diagnosed with cervical spine strain/sprain, right shoulder impingement syndrome, right wrist strain/sprain, rule out right wrist internal derangement, right carpal tunnel syndrome, right De Quervain's tendinitis, and status post right shoulder arthroscopy. Treatment has included surgery, medications, pain management, and physical therapy. Currently the injured worker had diffuse tenderness and guarding of the right shoulder. There was an active triggering of the right middle finger with palpable tender flexor tendon nodule at the A1 pulley. The treatment request included topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 25%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs.

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

**Decision rationale:** Topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation reveals no extenuating factors that would necessitate going against guideline recommendations. Furthermore, the request does not specify a quantity. Therefore, the request for topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary.