

<b>Case Number:</b>	CM14-0101504		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii and 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:

This patient is a 60 year old male employee with date of injury of 1/28/2014. A review of the medical records indicate that the patient is undergoing treatment for status post head trauma, status post evacuation of subdural hematoma (rule out cognitive dysfunction), cervical sprain, and lumbar sprain (rule out disc herniation). Subjective complaints include (4/3/2014) constant headaches, nausea, vomiting, dizziness, loss of balance; neck and head pain, bilateral shoulder pain; low back pain with radiculitis rated at 8/10 (4/3/2014 and 5/1/2014). Hydrocodone APAP 3/day improved pain to 4/10. X-ray (performed on 4/3/2014) revealing scoliosis in lumbar region of about 5 and Pars defect at L5-S1. Disc space narrowing noted at C3-4, C4-5, C5-6, and C6-7. Urinalysis performed on 4/3/2014 indicated Hydrocodone and Hydromorphone. Objective findings also include limited range of motion in cervical and lumbar spine and tenderness to palpation of trapezius, paravertebral, and lumbar paraspinal muscles bilaterally. Cervical compression test was positive as well as Kemp's sign bilaterally (4/3/2014). Treatment has included emergency surgery on 2/10/2014 to insert two aneurysm clips. Medications include Ker-Tek Gel 4oz, Norco 10/325mg #90 (prescribed 4/3/2014). Hydrocodone APAP 3-6/day (5/1/2014). No trial of antidepressant or anticonvulsant medications were documented in the medical records reviewed. The utilization review dated 6/2/2014 non-certified the request for Flurbiprofen 20% / Cyclobenzaprine 10% / Menthol 4 % Cream 180grams for the Cervical and Lumbar Spine due to lack of supporting evidence per MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% / Cyclobenzaprine 10% / Menthol 4 % Cream 180grams for the Cervical and Lumbar Spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. Lab testing dated 4/3/2014 indicate the absence of commonly used antidepressants and neuropathic medications. Furthermore, MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." **FLURBIPROFEN:** MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. **CYCLOBENZAPRINE or MUSCLE RELAXANTS:** MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. **MENTHOL:** ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." At least two component medications are not indicated per MTUS and/or ODG, which would make the resultant compound medication not recommended. As such, the request for Flurbiprofen 20% / Cyclobenzaprine 10% / Menthol 4 % Cream 180grams for the Cervical and Lumbar Spine not medically necessary.