

<b>Case Number:</b>	CM14-0155278		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/27/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine, and is licensed to practice in Texas & Mississippi. 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:

The injured worker is a 50-year-old female who reported an injury on 12/27/2009. The mechanism of injury was not provided. The injured worker's diagnoses included shoulder impingement, supraspinatus sprain/tear, sprained shoulder/arm, bursitis, lumbar sprain/strain, and lumbar disc displacement. The injured worker's past treatments included medications. The injured worker's diagnostic testing included MRI of the lumbar spine on 04/09/2013. The injured worker's surgical history was not provided. On the clinical note dated 07/18/2013, the injured worker complained of low back pain, right arm pain, and right shoulder pain. The injured worker had range of motion of the right shoulder with flexion at 138 degrees and extension at 36 degrees. The injured worker's medications included Ultram 50 mg, twice a day; Naproxen 250 mg, daily; Prilosec 20 mg, twice a day; Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%); Medrox patch; compound topical cream (Methyl Salicylate 5%, Menthol 5%, Capsaicin 0.0375%). The request was for retrospective transdermal compound Cyclobenzaprine 10% Flurbiprofen 15% for DOS 03/14/2013. The rationale for the request was not indicated. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective transdermal compound cyclobenzaprine 10% and flurbiprofen 15% for date of service 3/14/13: Upheld**

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

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

**Decision rationale:** The Retrospective request for transdermal compound Cyclobenzaprine 10% and Flurbiprofen 15% for date of service 3/14/13 is not medically necessary. The injured worker was diagnosed with shoulder impingement, supraspinatus sprain/tear, sprained shoulder/arm, bursitis, lumbar sprain/strain, and lumbar disc displacement. The injured worker complained of low back pain, right arm pain, and right shoulder pain. The California MTUS Guidelines recommend topical analgesics for short term use of 4 to 12 weeks. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Nonsteroidal anti-inflammatory agents may be useful for chronic musculoskeletal pain, but there are no long term studies for their effectiveness or safety. Muscles relaxants may be effective in reducing pain and muscle tension, and increasing mobility. There is lack of documentation indicating the injured worker has gastrointestinal issues that warrant topical medications versus oral medications. The medical records lack documentation of the efficacy of the medication, time frame of efficacy, efficacy of functional status that the medication provides. Additionally, the request does not indicate the frequency, dosage of the medication, or application site, as well as the quantity. The requesting physician failed to provide documentation stemming back to 03/14/2013 to warrant the necessity of transdermal compound Cyclobenzaprine 10% and Flurbiprofen 15%. As such, the request for Retrospective transdermal compound Cyclobenzaprine 10% and Flurbiprofen 15% for date of service 3/14/13 is not medically necessary.