

Case Number:	CM13-0010360		
Date Assigned:	09/23/2013	Date of Injury:	11/16/2005
Decision Date:	05/02/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 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:

According to the records made available for review, this is a 58-year-old female with a 11/16/05 date of injury. At the time (5/28/13) of request for authorization for retrospective request flur/cyclo/cream 15/10% 180 gm and retrospective request for tram/gaba/menth/camp/cap cream 8/10/2/0.5% 180 gm, there is documentation of subjective (ongoing shoulder and upper extremity pain) and objective (tenderness to the right upper extremity with overhead reach weakness and decreased grip strength) findings, current diagnoses (left shoulder impingement, cervical spine sprain/strain, cervical discopathy, bilateral lateral epicondylitis, and wrist pain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR FLURBIPROFEN /CYCLOBENZAPRINE CREAM 15/10% 180 GM BETWEEN 7/11/2013 AND 7/11/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control. The guidelines also indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement, cervical spine sprain/strain, cervical discopathy, bilateral lateral epicondylitis, and wrist pain. In addition, Flurbiprofen/Cyclobenzaprine Cream 15/10% 180 Gm contains at least one drug (Ketoprofen and Cyclobenzaprine (muscle relaxant)) that is not recommended. Therefore, based on the guidelines and a review of the evidence, the request is not medically necessary.

**ONE (1) PRESCRIPTION FOR
TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR/CAPSAICIN CREAM
8/10/2/0.5% 180 GM BETWEEN 7/11/2013 AND 7/11/2013: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control. The guidelines also indicate that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement, cervical spine sprain/strain, cervical discopathy, bilateral lateral epicondylitis, and wrist pain. In addition, Tramadol/Gabapentin/Menthol/Camphor/Capsaicin Cream 8/10/2/0.5% 180 Gm contains at least one drug (Gabapentin and Capsaicin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.