

<b>Case Number:</b>	CM13-0021326		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 patient is a 53 year old male with injury from 11/29/2010. Per [REDACTED] report dated 08/27/13 diagnoses are protrusion lumbosacral spine; status post left shoulder arthroscopy and lumbar spine pain. The report from 4/22/13 has the patient complaining of moderately severe lumbar spine pain with radiation into the bilateral legs, numbness and tingling at 7/10, moderate intermittent left shoulder pain at 5/10. The patient had an EIS, continues with post-op left shoulder therapy. The report dated 8/27/13 shows constant low back pain 5-6/10, also intermittent left shoulder pain with limited range of motion and the current medications are listed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%:** Upheld

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

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

**Decision rationale:** This patient suffers from chronic low back pain with radicular features and left shoulder pain and is s/p shoulder surgery. The provider has prescribed Flurbiprofen 20% topical cream. However, the California MTUS recommends NSAIDs topical cream for peripheral joint arthritis/tendinitis only. It is not recommended for shoulder, neck or low back symptoms. The recommendation is for denial.

**Ketoprofen/Ketamine 20/10%:** Upheld

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

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

**Decision rationale:** The California MTUS does not support combination topical cream if one of the components is not recommended. In this request, Ketoprofen (NSAID) topical product is only indicated for peripheral joint arthritis/tendinitis per MTUS. This patient suffers from shoulder and low back chronic pain for which topical NSAID is not recommended. The recommendation is for denial.

**Gabapentin/ Cyclobenzaprine/ Capsaicin 10/10/0.0375%:** Upheld

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

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

**Decision rationale:** The California MTUS does not support Gabapentin or Flexeril (muscle relaxant) topical cream for any condition. If one or more of compounded topical creams is not recommended, then the entire topical combination product is not recommended per MTUS. The recommendation is for denial.