

<b>Case Number:</b>	CM13-0021422		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 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 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 32-year-old male with the date of injury of April 4, 2012. He has had a shoulder arthroscopic SAD acromioplasty, coracoacromial ligament release, and bursectomy in March 2013. The PTP report dated 8/2/13 states the patient is doing well with PT but has some pain still. PT report dated 8/1/13 states the patient has increased shoulder flexibility and can reach overhead. PTP report dated 9/6/2013 states the patient has finished physical therapy with full range of motion. Patient is not taking any medications at that time, and the doctor recommended a shoulder exercise kit. The patient was working full duty with no restrictions at that time. There were no oral medications given at either PTP visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine 15%10% #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of

intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.

**. Tramadol /Gabapentin /Menthol /Camphor /Capsaicin 8%/10%/2%/2%/0.5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are the first line palliative measure. In this case, there is no evidence of intolerance to and/or failure of the first line oral analgesics so as to make a case for usage of topical agents and/or topical compounds, which, per ACOEM table 3-1 are "not recommended." Therefore, the request is non-certified. It is noted that the unfavorable ACOEM recommendation is echoed by that of the MTUS Chronic Pain Medical Treatment Guidelines, which, on page 111, deemed topical analgesics "largely experimental." Therefore, the request is non-certified.