

Case Number:	CM13-0028423		
Date Assigned:	03/28/2014	Date of Injury:	08/05/2012
Decision Date:	04/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/24/2013

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 32-year-old male with a 8/5/12 date of injury. There is documentation of subjective right shoulder pain increased with activities of daily living. Objective positive right shoulder impingement sign findings. Current diagnoses are right shoulder impingement syndrome. Treatment to date include medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: FLURBIPROFEN 25%/ LIDOCAINE 5 %/ MENTHOL 5%/ CAMPHOR 1%, TRAMADOL 15%/ LIDOCAINE 5%/ DEXTROMETHORPHAN 10%/ CAPSAICIN 0.025%: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome. However, the requested compound cream: flurbiprofen 25%/ lidocaine 5 %/ menthol 5%/ camphor 1%, tramadol 15%/ lidocaine 5%/ dextromethorphan 10%/ capsaicin 0.025% contains at least one drug (lidocaine) that is not recommended. The request for compound cream: Flurbiprofen 25%/ Lidocaine 5 %/ Menthol 5%/ Camphor 1%, Tramadol 15%/ Lidocaine 5%/ Dextromethorphan 10%/ Capsaicin 0.025% is not medically necessary and appropriate.