

Case Number:	CM13-0035637		
Date Assigned:	12/13/2013	Date of Injury:	12/08/2011
Decision Date:	02/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported a work related injury on 12/08/2011, specific mechanism of injury not stated. The patient is subsequently status post a left shoulder diagnostic arthroscopy with extensive debridement, subacromial decompression, lysis of adhesions, removal of loose body, manipulation under anesthesia, and rotator cuff repair as of 06/13/2013. The clinical note dated 09/09/2013 reported the patient was seen under the care of [REDACTED]. The provider documented the patient presents with complaints of pain about the left shoulder. The patient rates his pain level at a 4/10 or 5/10. The patient's medication regimen includes Norco 10/325, Flexeril, omeprazole, gabapentin, and topical analgesics. The provider documented the patient presented requesting stronger medication for pain. Upon physical exam of the left shoulder, there was 3+ tenderness to palpation of the anterior shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2% 240gr:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with a left shoulder pain complaint status post operative interventions performed in 06/2013. California MTUS indicates specific criteria for utilization of topical analgesics. California MTUS indicates any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Applications of topical menthol, camphor, and tramadol are not supported. Topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. Given all the above, the request for capsaicin 0.025%, Flurbiprofen 20%, tramadol 10%, menthol 2%, Camphor 2% 240 gr is not medically necessary or appropriate.