

<b>Case Number:</b>	CM13-0038418		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Family Practice 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 51-year-old injured worker who reported an injury on 12/17/2010 after falling on a plastic part with a metal grinder that reportedly caused pain and discomfort to their right upper extremity. This was managed conservatively with medications and physical therapy and ultimately resulted in right shoulder arthroscopy in 07/2013. The patient continued to have persistent neck pain that was treated with medications to include Flexeril, Lortab, and a topical compounded medication. The patient's most recent clinical examination findings included restricted range of motion of the right shoulder and neck and pain that radiated into the right upper extremity rated at 7/10. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Medication:** 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. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms,2009 - Elsevier.

**Decision rationale:** It is noted in the medical records that the patient is being treated with topical medications to include flurbiprofen 20% gel, ketoprofen 20%/ketamine 10% gel and gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.035% gel. California Chronic Pain Medical Treatment Guidelines does not recommend the use of nonsteroidal anti-inflammatory drugs as topical analgesics unless there is documentation that the patient has failed to respond to oral formulations of nonsteroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate nonsteroidal anti-inflammatory drugs. Therefore, flurbiprofen gel 20% would not be indicated. California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical agent as it is not FDA approved in a cream or gel formulation. Additionally, peer reviewed literature does not recommend the use of narcotics as topical agents as there is no scientific evidence to support the efficacy of this type of medication. Therefore, the use of ketoprofen 20%/ketamine 10% gel is not indicated. Additionally, California Medical Treatment Utilization Schedule does not support the use of gabapentin, cyclobenzaprine, or capsaicin in a 0.0375% formulation as there is no scientific evidence to support the efficacy and safety of these medications. Therefore, the use of gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% is not indicated. The request for topical medications are not medically necessary and appropriate.