

<b>Case Number:</b>	CM13-0041557		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/29/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 49 year old woman who sustained a work-related injury on March 29, 2009. Subsequently she developed that lower back pain radiating to the legs with numbness and tingling as well as right shoulder pain. The patient has a history of right shoulder arthroscopy on November 17, 2011. According to the note of the August 20, 2013 her physical examination demonstrated the right shoulder tenderness, paraspinal lumbar tenderness with decreased range of motion. Her lumbar MRI performed on October 5, 2013 demonstrated to disc disease at L4-L5 and L5-S1, disc protrusion at L4-L5. Her shoulder MRI performed on August 5, 2013 revealed osteoarthritis, tendinosis and subchondral cysts in the anterior lateral aspect of the proximal humeral epiphysis. The patient was treated with acupuncture physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 Grams of Compound Medication (Capsaicin, Flurbiprofen, Methyl Salicylate): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111- 112.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not approved for transdermal use. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of 240 Grams of Compound Medication (Capsaicin, Flurbiprofen, Methyl Salicylate) is not medically necessary.

**240 Grams of Compound Medication Flurbiprofen, Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not approved for transdermal use. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of 240 Grams of Compound Medication Flurbiprofen, Tramadol is not medically necessary.