

Case Number:	CM13-0042088		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2012
Decision Date:	04/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is 43-year-old male with date of injury of 05/16/2012. This patient presents with a listed diagnoses that include: 1. Posttraumatic headaches, concussion. 2. Cervical spine sprain/strain with radiculopathy. 3. Right shoulder pain, rule out radiculopathy. 4. Right elbow, rule out epicondylitis. 5. Thoracic pain. 6. Right hand index finger, rule out fracture. The treating physician has prescribed various different topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GRAMS OF CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 20%, MENTHOL 2%, CAMPHOR 2%: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic pain at the neck, shoulder, elbow, thoracic, and upper extremities. The treating physician has prescribed 240 g of capsaicin, flurbiprofen, tramadol, menthol. MTUS Guidelines provide clear

discussion regarding topical compounded creams. It states that if anyone of the compound is not recommended, then the entire compound is not recommended. In this case, this particular compounded topical product contains Flexeril and tramadol that are not recommended in the guidelines. Recommendation is for denial.

240 GRAMS OF FLURBIPROFEN 20%, TRAMADOL 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic neck, shoulder, elbow, upper extremity, and thoracic pains. The treating physician has prescribed 240 g of flurbiprofen 20%, tramadol 20%. MTUS Guidelines provide clear discussion regarding topical compounded creams. It states that if anyone of the compounded cream is not recommended, then the entire compound is not recommended. In this case, Flexeril contained in flurbiprofen is not recommended in topical formulation. Recommendation is for denial.