

<b>Case Number:</b>	CM13-0043284		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation 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. 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 50 year-old male with a 12/2/12 industrial injury claim. The mechanism of onset is not available, but the patient was diagnosed with a cervical sprain with radiculopathy; and bilateral shoulder glenoid labral tears. He underwent right shoulder arthroscopic repair of a labral tear and subacromial decompression. According to the IMR application, there is a dispute with the 10/10/13 UR decision. The UR decision is from [REDACTED] and recommends non-certification for: a compounded medication with capsaicin 0.025%, flurbiprofen 30%, methyl salicylate 4%; and for a compounded medication of Flurbiprofen 20%, tramadol 20%. The UR decision was based on the 9/24/13 report from [REDACTED]. The 9/24/13 medical report was not made available for this IMR. There was only one medical report provided for review, dated 5/16/13 by [REDACTED], an orthopedic surgeon. Physical therapy progress notes, and imaging reports, and shockwave therapy notes were provided for review. [REDACTED] states the right shoulder surgery was on 4/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Compound medication 240 grams (Capsaicin 0.025%, Flurbiprofen 30%, Methyl Salicylate 4%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The topical compound contains the NSAID Flurbiprofen. The MTUS states topical NSAIDs are for use in particular for the knee or elbow or other joints amenable to topical treatment. MTUS guidelines specifically state, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The patient presents with VAS 10/10 bilateral shoulder pain with numbness, tingling, swelling and spasms. The patient underwent distal clavicle excision on 4/20/13 and removal of a post-traumatic mass. The MTUS does not recommend topical NSAID (flurbiprofen) for the shoulder, therefore, the use of the whole compounded product containing flurbiprofen would not be recommended. The request for 1 Compound medication 240 grams (Capsaicin 0.025%, Flurbiprofen 30%, and Methyl Salicylate 4%) is not medically necessary and appropriate.

**1 Compound medication 240 grams (Flurbiprofen 20%, Tramadol 20%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The topical compound contains the NSAID Flurbiprofen. The MTUS states topical NSAIDs are for use in particular for the knee or elbow or other joints amenable to topical treatment. MTUS guidelines specifically state, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The patient presents with VAS 10/10 bilateral shoulder pain with numbness, tingling, swelling and spasms. The patient underwent distal clavicle excision on 4/20/13 and removal of a post-traumatic mass. The MTUS does not recommend topical NSAID (flurbiprofen) for the shoulder, therefore, the use of the whole compounded product containing flurbiprofen would not be recommended. The request for 1 Compound medication 240 grams (Flurbiprofen 20%, Tramadol 20%) is not medically necessary and appropriate.