

<b>Case Number:</b>	CM13-0048286		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 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 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:

The patient is a 60 year old female with date of injury 6/18/13. The treating physician report dated 10/7/13 indicates that the patient presents with pain affecting the left shoulder that is moderate, dull, heaviness, numbness and tingling. The current diagnoses are: 1.Left shoulder injury 959.2, 2.Left shoulder pain 719.41. The utilization review report dated 10/24/13 denied the request for Flurbiprofen/Tramadol 20%/20% and Capsaicin .025% / Flurbiprofen 30% / Methyl Salicylate 4% based on the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLURBIPROFEN/TRAMADOL 20%/20% #240GM: Upheld**

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

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

**Decision rationale:** The patient presents with moderate left shoulder pain. The current request is for Flurbiprofen/Tramadol 20%/20% 240gm. The treating physician report states under objective findings, "There is no bruising, swelling, atrophy, or lesion present at the left shoulder. There is +3 tenderness to palpation of the A/C joint, anterior shoulder and lateral shoulder. Neer's causes

pain." The Chronic Pain Medical Treatment Guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) non-steroidal anti-inflammatory drugs for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with shoulder pain for which topical NSAID is not indicated. Therefore given the above the request is not medically necessary.

**CAPSAICIN/FLURBIPROFEN/MENTHLY/SALICYLATE 0.25%/30%/4% #240MG:**  
Upheld

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

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

**Decision rationale:** The patient presents with moderate left shoulder pain. The current request is for Capsaicin .025% / Flurbiprofen 30% / Methyl Salicylate 4% 240gm. The treating physician report states under objective findings, " There is no bruising, swelling, atrophy, or lesion present at the left shoudler. There is +3 tenderness to palpation of the A/C joint, anterior shoulder and lateral shoulder. Neer's causes pain." The Chronic Pain Medical Treatment Guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) non-steroidal anti-inflammatory drugs for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This patient presents with shoulder pain for which topical NSAID is not indicated. Therefore given the above the request is not medically necessary.