

<b>Case Number:</b>	CM13-0054213		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational 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 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 36 year old male who was injured on 11/18/11. The mechanism of injury was not provided for review. Prior treatment history has included 7 chiropractic visits and 2 acupuncture visits. Diagnostic studies were reviewed. A pain management consult dated 9/25/13 states the patient presented with complaints of bilateral shoulder pain that is constant, dull and aching in nature. He rated this pain as 8/10 in severity and 6/10 with medications. He also complains of neck pain rated as 4/10 without medications and 2/10 with medications. The pain is produced with movement and activity. It radiates to the bilateral arms, right greater than left, with numbness. On examination of the bilateral shoulders, range of motion exhibits abduction at 160 on the right and 165 on the left; adduction to 45 bilaterally; flexion to 170 on the right and 175 on the left; extension to 40 on right and 45 on the left; internal rotation to 70 on the right and 75 on the left; and external rotation to 75 on the right and 80 on the left. There is pain, tenderness and spasm in the rotator cuff muscles bilaterally. Diagnoses are rotator cuff syndrome, shoulder sprain/strain, cervical radiculopathy, cervical sprain/strain, and insomnia. The patient was dispensed Anaprox DS 550 mg, Ultracet 37.5/325 mg, Protonix 20 mg, and cyclobenzaprine 7.5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 GM FLURBIPROFEN/CAPSAICIN/MENTHOL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS does not recommend any topical NSAID that is not FDA approved. As per the guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics work locally underneath the skin where they are applied. The medical records do not document any objective improvement while using these topical compounded creams. Based on the MTUS guidelines and criteria, as well as the clinical documentation, the request is not medically necessary.

**120 KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS does not recommend cyclobenzaprine since there is no evidence for use of any other muscle relaxant as a topical product. As per the MTUS, ketoprofen is not currently FDA approved for a topical application. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the medical records do not document any objective improvement while using these topical compounded creams. As such, the request is not medically necessary.