

<b>Case Number:</b>	CM13-0063218		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Illinois. 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 injured worker is a 43-year-old male who reported an injury on 03/08/2013. He reportedly sustained an injury after lifting some mats that were in the kitchen while putting the mats on a push cart. He felt a pop-type of feeling on left shoulder. It was documented that the mats weighed approximately 20 pounds or more, carrying approximately 6 of these mats together and felt a pop to his left shoulder with pain. The injured worker's treatment history included MRI, medications, surgery, urine screen, physical therapy, and X-rays. The injured worker was evaluated on 05/07/2014. It was documented that the injured worker complained of left shoulder pain that clicks, pops, and had difficulty sleeping on the left side. The physical examination of left shoulder revealed tender anterior acromial margin, tender lateral deltoid, flexion and abduction were 160 degrees with pain, external rotation was 75 degrees, and internal rotation was 65 degrees with pain. Diagnoses included left shoulder pain and dysfunction, left shoulder impingement, left shoulder acromioclavicular (AC) joint arthrosis, left shoulder rotator cuff tendinosis versus small partial thickness tear, S/P left shoulder A/S, sub-acromial decompression (SAD), and debridement. The medication was not included on this report. The Request for Authorization and rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COMPOUND CREAM (FLURBIPROFEN, LIDOCAINE, AMITRYPTYLINE, BASE)  
#180 GRAMS:** 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 Topical Analgesics, page(s) 111-113 Page(s): 111-113.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended. The guidelines state that "there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm." There is no evidence for use Fluribrofren and Lidocaine as a topical product. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. The documentation submitted failed to indicate the injured worker's conservative care measures such as physical therapy and pain medicine management outcome. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for compound cream (Flurbiprofen, Lidocaine, Amitriptyline, Base) 180 grams is not medically necessary.

**COMPOUND CREAM (GABAPENTIN, CYCLOBENZAPRINE, TRAMADOL, BASE) #180 GRAMS:** 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 Topical Analgesics, page(s) 111-113 Page(s): 111-113.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state "that any compounded product contains at least (or drug class) that is not recommended." There is no evidence for use Tramadol as a topical product. Any compounded product that contains at least one or more drug class is not recommended. In addition, this agent has compounding agents with two or three oral agents together. There is no evidence for use of any other muscle relaxant topical product. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. Gabapentin is not recommended, since there is no peer reviewed literature to support its use. The documentation submitted failed to indicate the injured worker's conservative care measures such as physical therapy and pain medicine management outcome. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for compound cream (Gabapentin, Cyclobenzaprine, Tramadol, Base) 180 grams is not medically necessary.

