

<b>Case Number:</b>	CM13-0066510		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/23/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 56 year old woman who sustained a work related injury in 2011. As a result of that injury, she has been diagnosed with bilateral shoulder impingement syndrome, arthropathy of the right hand, lumbago, and lumbar radiculitis. She has an extensive treatment plan which includes Ibuprofen, Naproxen, Flector patch, and various ointments to apply to affected areas. She will get a functional capacity evaluation, physical therapy, and an orthopedic consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 1 Prescription for capsaicin topical (capsaicin powder/flurbiprofen powder/methyl salicylate oil/pcca lipoderm base) #30:** 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): 112.

**Decision rationale:** The MTUS guidelines indicate that capsaicin is considered a last-line agent, to be used only in those individuals who are intolerant to and/or have failed to respond to other treatments. In this case, the medical records submitted for review do not indicate a failed trial of

antidepressants and anticonvulsants, which the MTUS guidelines specifically state. The request for capsaicin topical ointment is not medically necessary and appropriate.

**Retrospective 1 prescription for flurbiprofen topical (flurbiprofen powder/tramadol hcl powder/pcca lipoderma base) #30:** 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): 111-112.

**Decision rationale:** The Chronic Pain guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A review of the submitted medical records do not document that the employee has neuropathic pain, or has had any trials of antidepressants/anticonvulsants, and whether or not they were effective. Therefore, flurbioprofen topical is not medically necessary and appropriate.