

<b>Case Number:</b>	CM14-0109735		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 year old female who was injured on 7/17/2012. She was diagnosed with right shoulder sprain/internal derangement/rotator cuff tear, blurred vision, headaches, mood disorder, sleep disorder, stress, and cough. She was treated with combination and compounded. She was also treated with right shoulder surgery (12/13/13) and physical therapy. On 5/9/14, the worker was seen by her primary treating physician complaining of continual headaches, right shoulder pain with radiation to arm and fingers, stomach discomfort, anxiety, depression, and insomnia. She reported that her medications (not listed) offered her temporary relief and allowed her to sleep better as well. Physical findings included tenderness of the right shoulder, positive supraspinatus loading test, and normal sensation in bilateral upper extremities. She was then recommended extracorporeal shockwave therapy, and to use compounded combination topical analgesics (Cyclobenzaprine/Flurbiprofen and Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 240 gr 0.025 % Flurbiprofen 15% Tramadol Menthol 2% Camphor 2% 3 times a day: 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; Capsaicin Page(s): 111-113; 28-29.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Chronic Pain Guidelines also state that topical Capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of Capsaicin is considered experimental, and any dose of Capsaicin has only moderate to poor efficacy, according to the studies. In order to justify continuation of topical Capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, it is unclear if the worker had been using this topical combination/compounded analgesic prior to the request as there was no documentation listing her current medications on the day she was recommended it. Initiating or continuing this medication product is not medically necessary as there is no documented explanation revealing any reason why other therapies including oral therapies are not being used, or why combination products are being used as opposed to solitary agents, which are easier to monitor for benefit. Therefore, this request is not medically necessary.

**Cyclobenzaprine 240 gr 2% Flurbiprofen 20% apply thin layer 3 times a day:** 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 MTUS Chronic Pain Treatment Guidelines state that all topical muscle relaxants are not recommended due to lack of evidence of benefit and safety so far. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, according to the MTUS Guidelines. Therefore, the Cyclobenzaprine/Flurbiprofen combination topical analgesic is not medically necessary. See #1 for more rationale regarding the Flurbiprofen. In the case of this worker, there is no documentation revealing if this was a new recommendation or if the worker had been using this combination product prior to this request. Regardless, using topical muscle relaxants are not recommended and are considered not medically necessary. Also, recommended two products

with the same medication (Flurbiprofen) seems unnecessary. Therefore, this request is not medically necessary.