

<b>Case Number:</b>	CM14-0013580		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Neurological Surgery 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 injured worker is a 57 year old female injured in October 2011. The mechanism of injury is not specified. The ongoing complaints of shoulder pain and carpal tunnel syndrome are noted. The progress note dated January 8, 2014 indicated a surgical intervention was suggested. Tenderness to palpation of the shoulder is reported. Chiropractic care had been delivered. The December 2013 progress note indicated a reduction in right shoulder range of motion and offered a diagnosis of status post rotator cuff repair with adhesive capsulitis. An impingement syndrome of the left shoulder is noted as well as bilateral carpal tunnel syndrome. Sleep apnea is also addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLURBIPROFEN AND TRAMADOL CREAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

**Decision rationale:** Chronic Pain Treatment Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, according to Chronic Pain Treatment Guidelines, there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request of Flurbiprofen and Tramadol cream is not medically necessary and appropriate.

**GABAPENTIN/AMITRIPTYLINE/DEXMETHORPHAN CREAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

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

**Decision rationale:** The efficacy of topical compounded preparations is not supported. The California Medical Treatment Utilization Schedule (CAMTUS) notes such preparations as "largely experimental" and that any compounded preparation that contains at least one medication that is not recommended makes the overall preparation not recommended. The diagnosis is reported to be a rotator cuff injury adhesive capsulitis and there is no indication of a neuropathic pain lesion. Gabapentin is not indicated for either of these diagnoses. Therefore, the request of Gabapentin/Amitriptyline/Dexmethorphan cream is not medically necessary and appropriate.