

<b>Case Number:</b>	CM14-0015116		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 62-year-old female with date of injury of 02/28/2012. The listed diagnoses per [REDACTED] dated 03/08/2013 are: 1. Left rotator cuff tear. 2. Left shoulder impingement syndrome. 3. Left shoulder sprain/strain. 4. Right rotator cuff tear. 5. Right shoulder impingement syndrome. 6. Right shoulder myoligamentous injury. 7. Left carpal tunnel syndrome. 8. Left wrist sprain/strain. 9. Right carpal tunnel syndrome. 10. Right wrist sprain/strain. 11. Loss of sleep. According to the report, the patient's left shoulder and right shoulder pain have not changed. She reports that medications are helping. The patient complains of intermittent, moderate, dull, achy bilateral wrist pain with tingling and weakness associated with lifting, grabbing, grasping gripping, and squeezing. The patient also complains of loss of sleep due to pain. The physical exam shows the patient is right-hand dominant. Left shoulder shows no bruising, swelling, atrophy, or lesion. The bilateral shoulder range of motion is painful. There is +3 tenderness to palpation of the acromioclavicular joint, and supraspinatus press is positive. The range of motion on the left wrist is decreased and painful with tenderness to palpation of the dorsal wrist, medial wrist, and volar wrist. Phalen's test is positive. There is +3 tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist of the right wrist. Phalen's test is positive. The utilization review denied the request on 01/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, pages 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, p137-139

**Decision rationale:** This patient presents with bilateral shoulder and bilateral wrist pain. The treating physician is requesting a functional capacity evaluation. The MTUS Guidelines do not discuss functional capacity evaluations; however, ACOEM Guidelines page 137 to 139 on functional capacity evaluation states, "There is little scientific evidence confirming that FCE and individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capacity and restrictions." The report making the request is missing. In this case, it is uncertain why the treater is requesting an FCE given that none of the reports document return to work discussions. The ACOEM Guidelines do not support the routine use of FCE except for special circumstances. The request is not medically necessary.

## **240 GRAM COMPOUND (CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The MTUS has the following regarding topical creams T.

**Decision rationale:** This patient presents with bilateral shoulder and bilateral wrist pain. The treater is requesting a compound capsaicin, flurbiprofen, tramadol, menthol, and camphor. The MTUS Guidelines on topical analgesics page 111 states that it is recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore MTUS states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." In this case, tramadol is not recommended as a topical compound per MTUS Guidelines. The request is not medically necessary.

## **240 GRAM COMPOUND (FLURBIPROFEN 25%, CYCLOBENZAPRINE 02%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The MTUS has the following regarding topical creams T.

**Decision rationale:** This patient presents with bilateral shoulder and bilateral wrist pain. The treating physician is requesting 240-g compound flurbiprofen 25% and cyclobenzaprine 0.2%. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental and used with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore MTUS states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." In this case, cyclobenzaprine is not recommended as a topical compound. The request is not medically necessary.