

Case Number:	CM14-0015146		
Date Assigned:	02/28/2014	Date of Injury:	07/06/2001
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	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 Medicine and Rehabilitation, 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:

This patient is a 64-year-old male with date of injury of 07/06/2001. Per treating physician's report 12/20/2013, the patient presents with pain in the right shoulder increased with reaching, lifting, pushing, or pulling. The patient has pain in his left wrist with repetitive use and left elbow as well. Medications include Doral, cyclobenzaprine, and hydrocodone. These medications help to relieve his symptoms. Listed diagnoses are: 1. Carpal tunnel syndrome, left wrist. 2. Cubital tunnel syndrome, left elbow, status post cubital tunnel release. 3. Subacromial impingement syndrome, status post arthroscopic decompression of the right shoulder. Treatment recommendations include compounded cream including flurbi, menthol, capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND 30 GM FLURBI 25%-MENTH 10%-CAMPH 3%-CAP 0375% TOPICAL 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with chronic shoulder pain on the right side with prior history of arthroscopic decompression, chronic bilateral upper extremity symptoms with carpal tunnel syndrome on the left side and cubital tunnel syndrome. The request is for compounded cream that includes flurbiprofen, menthol, camphor, and capsaicin at 0.0375%. California Medical Treatment Utilization Schedule (MTUS) Guidelines states that for compounded cream, if one of the components is not recommended then the entire component is not recommended. In this patient, capsaicin at 0.0375% is not recommended. MTUS specifically do not recommend concentration at higher dose than 0.025%. This compounded cream contains capsaicin at 0.0375%, which is not indicated and therefore, the entire compounded product is not supported.