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| <b>Case Number:</b>   | CM14-0112626 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 07/06/2010 |
| <b>Decision Date:</b> | 12/11/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/18/2014 |

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 31-year-old male. His date of injury was 07/06/2010. His mechanism of injury was standing up and hitting equipment in his work area. His diagnoses include left upper back, thoracic spine, and right forearm contusions; right shoulder tendonitis; right shoulder pain; tendonitis of shoulder; impingement syndrome of shoulder; subacromial bursitis; right rotator cuff syndrome; sprain/strain of right elbow; right lateral epicondylitis; and stress/anxiety. His past treatments have included chiropractic and physical therapy, as well as a TENS unit. His diagnostic studies included nerve conduction studies and electromyography on 06/25/2012; and a urine drug screen of 05/29/2014. Surgical history is not included in the medical record. The injured worker had complaints of shoulder pain and thoracic spine pain on 05/29/2014. His physical exam findings were right shoulder and AC joint tenderness, positive Neer's, positive Hawkins, positive O'Brien's and tenderness to the paraspinals. The medication list is not included in the medical records. The treatment plan included the request for compounded topical lotions. The rationale for the request was to manage/reduce pain. The Request for Authorization form is signed and dated 05/29/2014 in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubiprofen 20% Tramadol15%180 gm:** Upheld

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

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

**Decision rationale:** The request for Flurbiprofen 20%, Tramadol 15%, 180 gram is not medically necessary. The injured worker has a history of contusion to his thoracic spine area on his back, his shoulder, and left arm. The California MTUS Guideline state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least 1 drug that is not recommended will not be recommended. NSAIDs such as Flurbiprofen are recommended for osteoarthritis and tendonitis in knees, elbows, and other joints that topical creams are practical to use on for short term 4 to 12 week use. Tramadol is not recommended as a first line analgesic. Furthermore, there is no documentation addressing a trial of antidepressants and anticonvulsants for pain control. The dose, quantity, frequency, and site of application for the compounded cream are not included in the request. The documentation in the medical records does not support the guidelines. Therefore, the request is not medically necessary.

**Capsaicin 0.025%Flurbiprofen20%Tramadol15%Camphor2% 180gm:** Upheld

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

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

**Decision rationale:** The request for capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Camphor 2% 180 grams it not medically necessary. The injured worker has a history of contusion to his thoracic spine area on his back, his shoulder, and left arm. The California MTUS Guideline state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least 1 drug that is not recommended will not be recommended. NSAIDs such as Flurbiprofen are recommended for osteoarthritis and tendonitis in knees, elbows, and other joints that topical creams are practical to use on for short term 4 to 12 week use. Tramadol is not recommended as a first line analgesic. Furthermore, there is no documentation addressing a trial of antidepressants and anticonvulsants for pain control. The dose, quantity, frequency, and site of application for the compounded cream are not included in the request. The documentation in the medical records does not support the guidelines. Therefore, the request is not medically necessary.