

Case Number:	CM14-0129038		
Date Assigned:	08/18/2014	Date of Injury:	05/07/2013
Decision Date:	09/18/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/13/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 48 year old female was reportedly injured on May 7, 2014. The mechanism of injury is noted as getting her right arm stuck in a cabinet. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of right shoulder pain radiating to the right elbow and hand. Current medications are stated to include Losartan, Amlodipine, and Nexium. The physical examination demonstrated tenderness about the right shoulder at the anterior and posterior aspect as well as the acromioclavicular joint, decreased right shoulder range of motion with abduction to 150 degrees, internal and external rotation to 65 degrees, and flexion to 160 degrees, crepitus was noted with shoulder motion, and a positive Neer's test and Hawkins test. Diagnostic nerve conduction studies of the upper extremities are pending. Previous treatment is unknown. A request was made for Fluriflex (Flurbiprofen 15 percent/ Cyclobenzaprine 10 percent) cream and TgHot (Tramadol/ Gabapentin/ Menthol/ Camphoric/Capsaicin) and was not certified in the preauthorization process on August 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIFLEX (FLURBIPROFEN 15% CYCLOBENZAPRINE 10 % CREAM 240 GM
APPLY TWICE DAILY:** Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories; Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents, particularly Cyclobenzaprine. Considering this, the request for Fluriflex is not medically necessary.

TGHOT (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHORIC/CAPSAICIN 8/10/2/2/.05%) CREAM 240 GM APPLY TWICE DAILY: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories; Lidocaine and Capsaicin. There is no known efficacy of any other topical agents, particularly Gabapentin. Considering this, the request for TGHOT is not medically necessary.