

<b>Case Number:</b>	CM14-0152463		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Occupational Medicine 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:

Injured worker is a 42-year-old male who has submitted a claim for Left shoulder impingement syndrome, status post left shoulder arthroscopy, subacromial decompression and distal clavicle excision (01/23/14); left shoulder acromioclavicular joint osteoarthritis; and left shoulder adhesive capsulitis, associated with an industrial injury date of 02/17/10. Medical records from 2012 to 2014 were reviewed. Injured worker apparently sustained his injury when his glove got caught in the drill bit causing his left hand and arm to be twisted. Injured worker had physical therapy, medication and surgery for the affected arm. However, there was noted persistence of pain. Latest progress report of 07/25/14 notes injured worker feels the same pain complaints in his neck, lower back and left shoulder graded 8/10 in severity, with associated weakness and numbness, radiating to the bilateral lower extremities. The pain is aggravated by his ADLs. On physical examination, there was tenderness over the entire left shoulder, with 3/5 muscle strength on MMT and restricted ROM due to pain. Plan was to continue medications. There were no mention of injured worker's response to prescribed medications, nor was there mention of injured worker's response to physical therapy. Treatment to date has included physical therapy, chiropractic therapy, cervical ESI, lumbar ESI, trigger point injection, activity modification, surgery and medications (Norco, Anaprox, FexMid, Prilosec, Neurontin, Remeron, Ambien and Prozac). Utilization review date of 08/27/14 denied the requests for compounded medications: Flurbiprofen/Capsaicin/Camphor and Ketoprofen/Cyclobenzaprine/Lidocaine because these are not recommended for topical application. Likewise there was no discussion regarding reduction in oral medications, functional improvement nor reduction in pain scores attributed to use of the topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, topical Page(s): 28-29, 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The only topical NSAID approved by FDA is diclofenac. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Regarding the capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond to or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. The ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, the injured worker has been prescribed topical cream as adjuvant therapy to oral medications. However, there was no mention of the need to start injured worker on topical medications. There was no mention of intolerance or lack of efficacy of the oral medications. Also, the requested compounded product contains Flurbiprofen which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Likewise, there was no mention of what area this topical formulation would be applied to nor was there mention of frequency. Therefore, the request for Flurbiprofen/Capsaicin/Camphor 10/0.025%/2%/1% 120gm is not medically necessary.

**Ketoprofen/Cyclobenzaprine/Lidocaine 10%3%/5%120 gm:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is diclofenac. Flurbiprofen is not recommended as a topical medication. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, injured worker was prescribed topical compounds as an adjuvant to oral medications. However, there was no mention of intolerance to or reduced efficacy of oral medications nor was

there any rationale given regarding the need for two different types of topical medication. The requested compound cream contains Flurbiprofen, cyclobenzaprine and lidocaine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Likewise, there was no mention about what area this topical formulation would be applied to nor was there mention of frequency. Therefore, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 10%3%/5% 120 gm is not medically necessary.