

<b>Case Number:</b>	CM14-0167030		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Pain Management and Rehabilitation, 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 underlying date of injury in this case is 01/31/2003. The date of the utilization review under appeal is 09/11/2014. The patient's diagnosis is status post a right shoulder reverse total shoulder arthroplasty. On 08/21/2014, the patient was seen in orthopedic reevaluation. The patient was 5 months status post a reverse total shoulder arthroplasty of the right shoulder. The patient complete physical therapy. She had some residual pain and weakness, but her pain was significantly improved. The treatment plan was for the patient to continue with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN /CAPSAIC (PATCH) 10% 0.025% CRM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states regarding non-steroidal antiinflammatory medications such as flurbiprofen that studies have been inconsistent and most

studies are small and of short duration. The related topical antiinflammatory medication diclofenac gel specifically is discussed in this guideline as having not been evaluated for treatment of the shoulder. The component ingredient capsaicin is discussed in the same guideline on page 112 and is indicated only in patients who are nonresponsive to other treatments. Neither of the component ingredients in this case meets the criteria and the treatment guidelines. This request is for Flurbiprofen /Capsaic (Patch) 10% 0.025% CRM is not medically necessary.