

<b>Case Number:</b>	CM14-0167248		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/17/2014
<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 Emergency Medicine and is licensed to practice in New York. 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 claimant is a 54-year-old female who was injured on November 30, 2009. The patient continued to experience pain in bilateral shoulders. Physical examination was notable for decreased range of motion of the left shoulder, weakness of the left shoulder, weakness/instability of the right shoulder, and positive impingement findings of the right shoulder. Diagnoses included status post right shoulder rotator cuff repair, right shoulder glenohumeral arthritis, and left shoulder rotator cuff injury status post debridement. Treatment included medications and surgery. Request for authorization for topical cream Flurbiprofen20%/Tramadol20 % in a Mediderm base was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Cream Flurbiprofen 20%, Tramadol HCL powder 20% in a Mediderm base DOS 5/6/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** This medication is a compounded topical analgesic medication containing Flurbiprofen and Tramadol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended as medically necessary.