

<b>Case Number:</b>	CM14-0169325		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 General Surgery 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:

This 58 year old male was injured 3/13/00. He is status post right shoulder rotator cuff repair and has residual discomfort with flares of pain. On examination there was decreased range of motion and weakness in abduction. The requesting provider recommended home exercise program, full duty, Ibuprofen, and two topicals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs Page(s): 67-73.

**Decision rationale:** Per MTUS, "NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Ibuprofen is an NSAID useful for moderate to moderately severe pain. It is appropriate in a case such as this. Medical necessity has been established. Therefore, the request for this NSAID is approved.

**Transdermal Compound Cream - Flurbiprofen 20 Percent Lido 5 Percent Menthol 5 Percent Camp 1 Percent: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical analgesics Lidocaine.

**Decision rationale:** Per MTS, "Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain." Lidocaine is recommended only for use as a Lidoderm patch. Topical Lidocaine in the form of a manufactured patch is recommended for use with neuropathic pain. Any topical product of combined contents where one of the contents is not appropriate per Guidelines eliminates the entire compounded product from recommended use. Therefore, the request for compounded topical is denied.

**Transdermal Compound Cream - Tramadol 15 Percent Dextro 10 Percent Cap .025 Percent: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-13.

**Decision rationale:** "Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of Tramadol topically is not supported by medical evidence-based Guidelines. Therefore, the request for this compounded topical is denied.