

<b>Case Number:</b>	CM14-0178567		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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:

There were 580 pages provided for this review. There was a September 26, 2014 request for authorization for Keratek gel for a sprain of the rotator cuff and a compound cream consisting of flurbiprofen, cyclobenzaprine and menthol. There was a utilization review from October 1, 2014. The claimant had about two years of symptoms. The injured worker injured the shoulder making beds. There was still pain in the right shoulder. The patient was status post a right shoulder acromioplasty, rotator cuff repair, Mumford procedure and lysis of adhesions with subacromial bursectomy, partial synovectomy and removal of loose bodies. The injured worker had initially treated at [REDACTED] and then was a no-show and canceled appointment, and did not have formal therapy at US health works. The patient train changed the treater to a chiropractor. There had been 20 postoperative right shoulder therapy sessions and a TENS unit for one month was certified. There is no mention of the efficacy of prior treatment. There is no comparison with prior exams. The current exam showed upper arm tenderness and loss of strength in internal and external rotation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Medication: Flurbiprofen/Cyclobenzaprine/Menthol Cream: 20%/10%/4%  
180gm Transdermal Patch: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder and chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines, Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.