

<b>Case Number:</b>	CM14-0023621		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 07/17/2012. The listed diagnoses per [REDACTED] dated 10/21/2013 are: 1. Right shoulder internal derangement. 2. Right shoulder rotator cuff tear. 3. Blurry vision. 4. Headaches. 5. Coughs. 6. Anxiety disorder. 7. Mood disorder. 8. Sleep disorder. 9. Stress. According to the report, the patient complains of sharp stabbing right shoulder pain radiating down the arm to the fingers with associated muscle spasms. The patient rates the pain 6/10 to 7/10 which she describes as constant and moderate to severe. The patient also complains of blurry vision with persistent headaches and coughs. She also states that she has been feeling anxious and depressed due to her inability to work and perform the normal day to day task of living. She also has difficulty sleeping due to the uncertainty about the future of her career. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have a restful sleep. She denies any problems with the medications and pain is also alleviated by activity restrictions. The objective findings shows there is a positive tenderness at the AC joint, subacromial space, supraspinatus muscle, tendon attachment sites. There is decreased range of motion. Sensation is intact in the bilateral upper extremities. Myotomes are decreased in the right upper extremities. The utilization review denied the request on 02/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE 240 GRAM CYCLOBENZAPRINE 2%, FLURBIPROFEN 25%  
DATE OF SERVICE 10/21/2013: Upheld**

**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.

**Decision rationale:** This patient presents with right shoulder pain. The treater is requesting a retrospective request for cyclobenzaprine 2% and flurbiprofen 25%, 240 g compound cream. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental and used with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, MTUS states, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, cyclobenzaprine is not recommended in a topical compound. The request is not medically necessary.

**RETROSPECTIVE 240 GRAM KETOPROFEN 20%, LIDOCAINE 10% DATE OF  
SERVICE 10/21/2013: Upheld**

**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.

**Decision rationale:** This patient presents with chronic right shoulder pain. The treater is requesting a retrospective 240-g ketoprofen 20%, lidocaine 10% compound cream. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental and used with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In this case, ketoprofen is not recommended as a topical compound. In addition, lidocaine is only recommended in a dermal patch formulation. The request is not medically necessary.