

<b>Case Number:</b>	CM14-0035671		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/06/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 is a 57-year-old female who sustained a work related injury on 6/06/09 as a result of injuring her right shoulder when pulling herself inside an oversized 15-person van. Since her injury, she has experienced headaches, neck and upper back pain, right shoulder pain, pain in elbow and bilateral wrists, pain in hands and fingers with associated numbness in her bilateral upper extremities and hands. The pain is described as moderate to severe in intensity, 3-8/10 out of the 1 to 10 pain scale. Additionally, she complains of muscle spasm with knots in her neck, mid and low back. Lastly, she has a complaint of right knee pain. Her physical examination of the cervical and lumbar region is found to have decreased range of motion and pain upon reaching end range of motion. The patient has pain with forward flexion and extension with reduced side bending to the left. Her neurological examination is found to have a decreased sensation in the right L3 and L4 distributions and left L5 and S1 distributions. She has pain referral from the cervical region to the bilateral hands upon performance of a Spurling maneuver. The patient has undergone 8 sessions of acupuncture and chiropractic care that both were temporarily beneficial. Her systemic medication regiment includes 800mg Ibuprofen every 4 hours. Other medications listed include Gabapentin and Duexis. In dispute is a decision for retrospective Flurbiprofen/Menthol/Camphor/Lidocaine, Tramadol/Dextromethorphan/Capsaicin/Lidocaine dispensed on 1/6/14 - 1/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen/Menthol/Camphor/Lidocaine, Tramadol/Dextromethorphan/Capsaicin/Lidocaine (duration unknown and frequency unknown) dispensed on 1/6/14-1/9/14.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Topical/Compounded medications Page(s): 111-112.

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

**Decision rationale:** Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented history of failed either antidepressants or anticonvulsant treatment, I find the request for the topical analgesic cream not medically necessary.