

<b>Case Number:</b>	CM14-0038260		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 55 year old male who was injured on 3/25/2011. The diagnoses are left shoulder pain and left shoulder impingement syndrome. The patient had extensive left shoulder surgery on 12/18/2013. On 2/4/2014, the patient reported feeling only slight pain on the left shoulder. On 3/6/2014, [REDACTED] noted that the pain was decreasing in intensity. The patient had only reported mild pain with range of motion tests. The use of shoulder sling was discontinued. It was recommended that the patient begin PT. On 2/17/2014, [REDACTED] noted subjective complaints of neck pain and low back pain. He reported burning pain and decreased sensation along the C5 to T1 dermatomes. A Utilization Review determination was rendered on 2/25/2014 recommending non certification for capsaicin 0.025%/flurbiprofen 15%/tramadol 15%/menthol 2%/camphor 2% 240g, flurbiprofen 25%/cyclobenzaprine 2%240g, diclofenac 25%/tramadol 15% 240g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Medication (Capsaicin 0.25%, Flurbiprofen 15%, Tramadol 15%, Menthol 2% and Camphor 2%) 240g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-71, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of topical analgesic preparations for the treatment of neuropathic and musculoskeletal pain. Topical analgesics can be utilized when treatment with first-line oral NSAIDs, antidepressants and anticonvulsants are ineffective, cannot be tolerated or have failed. It is recommended that compound topical preparation be tried and evaluated individually for efficacy. The records indicate that the patient is complaining of mild residual pain following a left shoulder surgery on 12/18/2013. On 3/6/2013, the shoulder Sling was discontinued because of minimal subjective complaints and objective findings. The record did not show that the patient cannot tolerate or have failed first-line medications. The criteria for the use of topical capsaicin 0.025%/flurbiprofen 15%/tramadol 15%/menthol 2%/camphor 2% 240gm was not met. Therefore, the request is not medically necessary.

**Transdermal Medication (Flurbiprofen 25% and Cyclobenzaprine 02%) 240g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 67-71, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of topical analgesic preparations for the treatment of neuropathic and musculoskeletal pain. Topical analgesics can be utilized when treatment with first-line oral NSAIDs, antidepressants and anticonvulsants are ineffective, cannot be tolerated or have failed. It is recommended that compound topical preparation be tried and evaluated individually for efficacy. The records indicate that the patient is complaining of mild residual pain following a left shoulder surgery on 12/18/2013. On 3/6/2013, the shoulder Sling was discontinued because of minimal subjective complaints and objective findings. The record did not show that the patient cannot tolerate or have failed first-line medications. The patient is utilizing 3 topical NSAIDs. There is no FDA approved indication for the use of cyclobenzaprine in topical formulation. The criteria for the use of topical flurbiprofen 25%/cyclobenzaprine 2% 240g was not met. Therefore, the request is not medically necessary.

**Transdermal Medication (Diclofenac 25% and Tramadol 15%) 240g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-71, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines addressed the use of topical analgesic preparations for the treatment of neuropathic and musculoskeletal pain. Topical analgesics can be utilized when treatment with first-line oral NSAIDs, antidepressants and anticonvulsants are ineffective, cannot be tolerated or have failed. It is recommended that compound topical preparation be tried and evaluated individually for efficacy. The records indicate that the patient is complaining of mild residual pain following a left shoulder surgery on 12/18/2013. On 3/6/2013, the shoulder Sling was discontinued because of minimal subjective complaints and objective findings. The record did not show that the patient cannot tolerate or have failed first-line medications. There is lack of guideline support or FDA indication for the use of tramadol in topical preparations. The criteria for the use of topical diclofenac 25%/tramadol 15%. Therefore, the request is not medically necessary. Therefore, the request is not medically necessary.