

Case Number:	CM14-0047768		
Date Assigned:	07/02/2014	Date of Injury:	09/12/2003
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 is a 76-year-old female with an 8/12/2003 date of injury. A specific mechanism of injury was not described. 3/31/14 determination was non-certified given no indication that the patient had been trialed with more traditional oral medications and had failed or experienced intolerance. 2/28/14 progress report identified right shoulder pain, worsened post-shoulder injection. The patient was on medications to help pain and improve function. Exam revealed limb pain, muscle weakness, joint complaints, and shoulder pain. There was tenderness at the subacromial space, pain with resisted abduction and pain with resisted biceps flexion. Positive McMurray's and tender joint line with non-pitting edema on the right knee. Diagnoses include shoulder region disorder NEC (Not elsewhere classifiable) and knee pain/joint pain in leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbipofen 25%/Capsaicin 0.0275% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no indication for the need of compounded medications as opposed to more widely accepted oral medications. Therefore, the request for Flurbipofen 25%/Capsaicin 0.0275% cream is not medically necessary and appropriate.