

<b>Case Number:</b>	CM14-0062348		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/19/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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:

This is a 67-year-old female with a 1/19/05 date of injury. The mechanism of injury was not noted. According to a handwritten progressnote dated 6/17/14, the patient complained of marked daily pain, left shoulder weakness and guarding, anxiety, and acromioclavicular pain. Objective findings: positive drop test, painful ROM, positive acromioclavicular joint pain, positive apprehensive test. Diagnostic impression: bilateral shoulders sprain, lumbosacral strain/sprain, herniated nucleus pulposus cervical spine C5-C6 and C6-C7, annular tear L5-S1, carpal tunnel right wrist, depression, headaches. Treatment to date: medication management, activity management. A UR decision dated 4/16/14 denied the request for Tramadol/Capsaicin 30 100% POW GM and Flurbiprofen 30PW GM. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Capsaicin Hcl 30, 100% POW GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25,28,111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, 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. Tramadol and capsaicin greater than a 0.025% formulation are not supported by guidelines for topical use. A specific rationale identifying why this topical compound medication is required in this patient despite lack of guideline support was not provided. Therefore, the request for Tramadol/Capsaicin Hcl 30, 100% POW GM was not medically necessary.

**Flurbiprofen 30PW, GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25,28,111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, 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. Flurbiprofen, an NSAID is not supported by guidelines for topical use. A specific rationale identifying why this topical compound medication is required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen 30PW, GM was not medically necessary.