

<b>Case Number:</b>	CM14-0070208		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old female with a work injury dated 1/23/14. The diagnoses include right hand strain/sprain, rule out tendinitis and carpal tunnel syndrome; right wrist strain/sprain, rule out internal derangement; right shoulder strain/sprain, rule out tendinitis, impingement and cuff tear and left hand strain/sprain with trigger finger 3rd and 4th. Under consideration is a request for retrospective request (DOS: 2/20/14) for compound: Ketoprofen/Cyclobenzaprine/Lidocaine and retrospective request (DOS: 2/20/14) for Flurbiprofen/Capsaicin/Menthol/Camphor. There is a primary treating physician report dated 2/5/14 that states that the patient has complaints of right shoulder pain which radiated to the cervical spine extending to her hand, right wrist, finger, and shoulder. She was taking Ibuprofen. On exam the right shoulder examination revealed tenderness of the greater tuberosities; subacromial grinding and clicking; tenderness of rotator cuff muscles; atrophy of rotator cuff muscles, tenderness of supraspinatus and infraspinatus muscles; positive impingement test and muscle strength at 3/5. Right elbow examination revealed muscle strength at 4/5 and tenderness of the lateral epicondyle of the right elbow. Wrist/hand examination revealed right dorsiflexion and volar flexion at 45 degrees; right radial deviation at 15 degrees; right ulnar deviation at 20 degrees; positive Tinel's sign, bilaterally; positive right Phalen's and Finkelstein's testing; tenderness noted over the right distal radioulnar joint; tenderness of right triangular fibrocartilage complex; trigger fingers 3 and on the left; abnormal two-point discrimination of the median nerve distribution, bilaterally and abnormal motor power and sensation of the right hand. The plan included Ultram and Anaprox as well as recommendations for an EMG/NCV of bilateral upper extremities to establish the presence of radiculitis/neuropathy; for a right shoulder MRI;

for a right wrist MRI; for a right wrist and forearm brace for support and relief and for physical therapy, and topical compounded creams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request (DOS: 2/20/14) for compound:**

**Ketoprofen/Cyclobenzaprine/Lidocaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-116.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The request for this ointment is not medically necessary for the following reasons. Ketoprofen is an NSAID (non steroidal anti-inflammatory). The MTUS states that topical Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical ointment containing Lidocaine is not recommended by the MTUS. The guidelines state that there is little to no research to support the use of many of these agents. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not reveal any intolerance to oral medications. The MTUS does not recommend topical Cyclobenzaprine. Such as, Retrospective request (DOS: 2/20/14) for compound: Ketoprofen/Cyclobenzaprine/Lidocaine is not medically necessary.

**Retrospective request (DOS: 2/20/14) for Flurbiprofen/Capsaicin/Menthol/Camphor:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Topical analgesics Page(s): 111-113, 105.

**Decision rationale:** The MTUS guidelines state that there is little evidence to support the use of topical NSAIDS (Flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines state that although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The MTUS does not address Camphor. Menthol is an ingredient in Ben Gay which is a topical Salicylate which is recommended by the MTUS. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore the guidelines state that any compounded product that contains at least one drug (or drug class) that

is not recommended is not recommended. The request does not state where the topical cream will be applied. The request does not indicate strength of each ingredient or a quantity. The documentation does not show intolerance to other treatments. The request for Flurbiprofen/Capsaicin/Menthol/Camphor is not medically necessary.