

Case Number:	CM14-0071416		
Date Assigned:	07/14/2014	Date of Injury:	02/27/2013
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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, and is licensed to practice in Nevada. 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 injured worker is a 32-year-old female who was reportedly injured on February 27, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 8, 2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination of the right shoulder demonstrated tenderness over the bicipital groove and supraspinatus muscle. There was a positive Neer's test and shoulder strength was rated at 4/5. There was slightly decreased range of motion secondary to pain. Diagnostic imaging of the right shoulder revealed a down sloping acromion and subcoracoid bursitis. Previous treatment included cortisone injections, physical therapy, and shockwave therapy. A request had been made for cyclobezaprine 2%, flurbiprofen 20%, 240 grams and capsaicin/flurbiprofen/tramadol/menthol, 0.025%/15%2%, 240 grams and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobezaprine 2%, Flurbiprofen 20%, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical anagesics Page(s): 28-89, 72, 111 & 112. Decision based on Non-MTUS Citation www.drugs.com/mtm/menthol-topical-oral-mucous-membrane.html; www.drugs.com/cdi/camphor-liquid.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for cyclobezaprine 2%, flurbiprofen 20%, 240 grams is not medically necessary.

Capsasin/Flurbiprofen/Tramadol/Menthol, 0.025%/15%2%, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 28-89, 72, 111 & 112. Decision based on Non-MTUS Citation www.drugs.com/mtm/menthol-topical-oral-mucous-membrane.html; www.drugs.com/cdi/camphor-liquid.html.

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