

<b>Case Number:</b>	CM14-0092963		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Illinois. 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 48-year-old female who reported an injury on 02/08/2012. The mechanism of injury occurred when she got her hand caught between a ladder and a display item. Diagnoses included bilateral wrist strain/sprain, bilateral shoulder sprain/strain, bilateral elbow strain/sprain, and cervical strain/sprain. Past treatments included medications and physical therapy. Diagnostic studies included an official MRI of the right wrist and hand, dated 09/11/2013, with results reported as unremarkable. Pertinent surgical history was not provided. The clinical note dated 05/14/2014 indicated the injured worker complained of pain in the neck, bilateral shoulders, bilateral elbows, and bilateral wrists. The physical exam revealed myospasms in the cervical spine, positive Hawkins's test in the bilateral shoulders, and positive Tinel's in the bilateral wrists. Current medications included FCMC/keto creams. The treatment plan included flurbiprofen/capsaicin/menthol/camphor cream. The rationale for the treatment plan was for in-home pain relief. The Request for Authorization form was completed on 06/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaicin/Menthol/Camphor cream (FMCM): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for flurbiprofen/capsaicin/menthol/camphor cream is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized control trials to determine efficacy or safety. Many agents are compounded as monotherapy, or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are indicated for the short term relief of osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation provided indicated the injured worker complained of pain in the neck, bilateral shoulders, bilateral elbows, and bilateral wrists. There is a lack of documentation to support the diagnosis of osteoarthritis, or to indicate the need for a topical analgesic over an oral medication. Additionally, the request does not include the quantity, dosage, frequency, or specific location for using the cream. Therefore, the request for flurbiprofen/capsaicin/menthol/camphor cream is not medically necessary.