

<b>Case Number:</b>	CM14-0187980		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 30-year-old female with a 9/15/10 date of injury. The patient underwent a right carpal tunnel release. The patient was seen on 8/29/14 with complaints of sharp right shoulder pain radiating down to the arm and fingers associated with muscle spasms. Exam findings revealed tenderness to palpation at the supraspinatus, levator scapulae, rhomboids and at the AC joint. The range of motion of the right shoulder was decreased and the Neer's impingement sign was positive on the right. The right Tinel's and Phalen's tests were positive and the sensation to pinprick was decreased along the course of the median nerve in the right upper extremity. The diagnosis is right shoulder derangement and status post right carpal tunnel release with residual pain. Treatment to date: right carpal tunnel release, work restrictions, physical therapy, compound creams and medications. An adverse determination was received on 10/13/14 for a lack of functional improvement and non-recommendation due to the Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Capsaicin, Topical, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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. However, the requested compound medication contained at least one drug group, which was not supported for topical applications due to the Guidelines. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 210gm is not medically necessary.

**Flurbiprofen 20%, Tramadol 15% 210gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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. However, the requested compound medication contained at least one drug group, which was not supported for topical applications due to the Guidelines. Therefore, the request for Flurbiprofen 20%, Tramadol 15% 210gm is not medically necessary.