

<b>Case Number:</b>	CM15-0101534		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 67-year-old male who sustained an industrial injury on 03/31/08. Initial complaints and diagnoses are not available. Treatments to date include medications, left shoulder and left knee surgery, and physical therapy. Diagnostic studies re not addressed. Current complaints include neck, bilateral shoulder/elbow/knee/wrist pain. Current diagnoses include exacerbation of cervical/thoracic/lumbosacral spine pain, cervical and lumbosacral discogenic disease with radiculopathy, exacerbation of bilateral shoulder/elbow/wrist/knee pain. In a progress note dated 04/09/15 the treating provider reports the plan of care as MRI scans of the cervical and lumbar spine, pain management specialist referral, and Fluribiprofen/Baclofen /Camphor/Dexamethasone/Menthol/Capsaicin and Amitriptyline/Gabapentin/Bupivacaine creams. The requested treatments include Fluribiprofen/Baclofen/Camphor/Dexamethasone /Menthol/Capsaicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Capsaicin .025 Percent: Upheld**

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

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

**Decision rationale:** The requested Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Capsaicin .025 Percent, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck, bilateral shoulder/elbow/knee/wrist pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Capsaicin .025 Percent is not medically necessary.