

<b>Case Number:</b>	CM15-0108034		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 48 year old female who sustained an industrial injury on 04/20/2013. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having cervical disc syndrome, right shoulder rotator cuff syndrome, lumbar facet syndrome, right shoulder impingement, right medial epicondylitis, and right carpal tunnel syndrome. Treatment to date has included arthroscopic surgery and chiropractic care. Currently, the injured worker complains of right clavicular, right anterior shoulder, wrist, elbow, cervical right cervical, right and left cervical dorsal, upper thoracic right cervical dorsal, right posterior elbow, and wrist, left mid thoracic, mid thoracic, right mid thoracic, left lower thoracic, lower thoracic, right lower thoracic, right ankle and left ankle pain. Her pain is rated at an 8 on the scale of 10, and present approximately 80% of the time. She also has numbness and tingling in the right anterior hand, right anterior wrist, left anterior wrist and left anterior hand that are present 30% of the time. On examination, the worker has a well healed post-surgical scar on the right shoulder, palpable tenderness of the right supraspinatus, anterior shoulder, anterior deltoid, posterior deltoid, and acromion process and cervical on the right. Her range of motion on the bilateral shoulders was normal, as was her motor strength and reflexes. A request for authorization is made for the topical compounded medication of: Flurbiprofen 20 Percent/Baclofen 2 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .0375 Percent/Hyaluronic Acid .20 Percent in 180 Grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20 Percent/Baclofen 2 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .0375 Percent/Hyaluronic Acid .20 Percent in 180 Grams:** 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(s): 111 of 127.

**Decision rationale:** This claimant was injured over a year ago. There was a cervical disc syndrome, rotator cuff syndrome, epicondylitis and carpal tunnel syndrome. The claimant was post shoulder surgery. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.