

<b>Case Number:</b>	CM15-0147061		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 61 year old female, who sustained an industrial injury on 6-9-2014. The current diagnoses are cervical musculoligamentous sprain-strain, right shoulder sprain-strain, right shoulder impingement syndrome, right shoulder rotator cuff tear, and right shoulder tendinitis-bursitis. According to the progress report dated 6-4-2015, the injured worker complains of neck and right shoulder pain. She rates her neck pain 7-8 out of 10 on a subjective pain scale, which has increased from 6 out of 10 on her last visit. She rates her right shoulder pain 9 out of 10, which is also increased from 6 out of 10 on her last visit. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles, restricted range of motion, and positive compression test. Examination of the right shoulder reveals tenderness to palpation, restricted range of motion, and positive impingement and supraspinatus tests. There is documentation of ongoing treatment with Flurbi cream and Gabacyclotram since at least 2-12-2015. Treatment to date has included medication management, physical therapy, MRI studies, and chiropractic. Work status is described as modified duty since at least 1-15-2015. Her recommended work restrictions include no lifting or carrying over 10 pounds, no repetitive flexion or extension of the head or neck, no repetitive overhead work or shoulder level work with the left upper extremity, and no repetitive flexion or extension with the left upper extremity. A request for retrospective Flurbi cream and Gabacyclotram has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbi (NAP) cream LA 180gm, apply to affected area twice a day-3 times a day, DOS: 6/4/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

**Decision rationale:** This is a compounded product meaning the formulation of this compound is not standardized. Flurbi (NAP) LA may contain Flurbiprofen, Lidocaine and Amitriptyline but may also contain other substances. As per MTUS guidelines any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Lidocaine: Topical Lidocaine may be beneficial for neuropathic pain especially post-herpetic neuralgia. There is little evidence for its use on any other body part. There is FDA approved topical Lidocaine available it is unclear why an unapproved formulation was requested. 3) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. Amitriptyline is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. Not a single component of this compounded product is medically necessary.

**Retrospective Gabacyclotram 180gm, apply thin layer to affect area twice a day-3 times a day, DOS: 6/4/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 113.

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

**Decision rationale:** As per MTUS guidelines Any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical use. As per MTUS guidelines it is not recommended with any evidence to support its use as a topical product. It is not recommended. 2) Cyclobenzaprine: Not recommended for topical use. It is not FDA approved for topical use. There is no evidence to support its use topically. 3) Tramadol: Is an opioid-like medication. It is not FDA approved for topical application. There is no evidence to support its use topically. All components of this non-FDA approved compounded product are not medically appropriate. Gabacyclotram is not medically necessary.