

<b>Case Number:</b>	CM15-0163945		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 23-year-old female, with a reported date of injury of 11-03-2013. The mechanism of injury was the result a slip and fall. She extended her right arm to break the fall. Her right hand and right upper extremity hit a nearby fridge. The injured worker's symptoms at the time of the injury included immediate pain in her right wrist and hand. The diagnoses include right shoulder sprain and strain; right wrist sprain and strain; right hand sprain and strain; cervical spine sprain and strain; cervical spine myospasm; right hand contusion; clinical carpal tunnel syndrome; cervical spine multilevel disc protrusion; cervical spine disc desiccation; right shoulder osteoarthritis; right shoulder effusion; right shoulder bursitis; right elbow medical epicondylitis; right elbow effusion; resolved strain of the right elbow; and probable strain of the right upper trapezius shoulder. Treatments and evaluation to date have included a subacromial block, and oral medications. The diagnostic studies to date have included an MRI of the cervical spine at 02-23-2015 which showed minimal uncinated hypertrophy at C4-5 and C5-6; an MRI of the right shoulder on 02-23-2015 which showed mild-to-moderate tendinosis of supraspinatus and infraspinatus, and associated type II acromion with mild lateral down sloping and subacromial bursitis. According to the medical report dated 03-17-2015, the injured worker underwent an MRI of the right shoulder which showed mild to moderate tendinosis of the supraspinatus and infraspinatus, but no evidence of rotator cuff tears. The medical report dated 07-28-2015 indicates that the injured worker complained of persistent right shoulder and right neck pain. She said that the pain was up to 6 out of 10. The injured worker also complained of persistent right elbow pain, and rated the pain 2 out of 10. She has right hand pain, rated 2 out of

10. The physical examination showed normal lordosis of the cervical spine; tenderness to palpation with spasms of the right upper trapezius muscle; limited range of motion of the cervical spine due to pain; decreased grip in the bilateral upper extremities; tenderness to palpation with spasms of the right upper trapezius muscles; limited right shoulder range of motion due to pain; right shoulder abduction at 90 degrees; right shoulder flexion at 120 degrees; right shoulder extension at 35 degrees; positive right shoulder impingement; full range of motion of the right elbow; limited range of motion of the wrist and hand due to pain; and positive carpal Tinel's. The treatment plan included the prescription of transdermal compound medications. The treating physician returned the injured worker back to work on modified duty. The treating physician requested Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic compounded medication 180 grams and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 12%, Camphor 2% compounded medication 180 grams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compounded medication: Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic, 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with pain affecting the right shoulder and neck. The current request is for Compounded medication: Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic, 180grams. The treating physician states in the report dated 7/28/15, "I am also going to prescribe transdermal compounds. Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic Muscle Relaxant-Moderate Pain." (57B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111 it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support muscle relaxants in topical formulation. In this case, the treating physician has prescribed a medication that is not supported by the MTUS guidelines. The current request is not medically necessary.

**Compounded medication: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with pain affecting the right shoulder and neck. The current request is for Compounded medication: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180 grams. The treating physician states in the report dated 7/28/15, "I am also going to prescribe transdermal compounds. Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%" (57B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111 it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation. In this case, the treating physician has prescribed a medication that is not supported by the MTUS guidelines. The current request is not medically necessary.