

<b>Case Number:</b>	CM15-0166473		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56 year old male sustained an industrial injury to the left arm on 4-5-14. Previous treatment included physical therapy, chiropractic therapy, acupuncture and med. Magnetic resonance imaging left shoulder (6-26-14) showed acromioclavicular joint osteoarthritis, supraspinatus and infraspinatus tendinitis and bicipital tenosynovitis. In a pain management progress note dated 7-9-15, the injured worker complained of left shoulder pain rated, 5 out of 10 on the visual analog scale, left wrist and distal forearm pain, rated 3 out of 10 and left elbow dull and aching pain that was improving. Physical exam was remarkable for left shoulder with tenderness to palpation and palpable myospasms, positive impingement and supraspinatus tests and decreased range of motion, slight tenderness to palpation to the left elbow, tenderness to palpation to the left wrist with decreased range of motion and 5 out of 5 bilateral upper extremity motor strength with intact sensation throughout. Current diagnoses included acromioclavicular joint osteoarthritis, shoulder internal derangement, shoulder rotator cuff syndrome, shoulder sprain and strain, elbow sprain and strain and wrist sprain and strain. The treatment plan included Requesting authorization for left shoulder joint and rotator cuff injection under fluoroscopy and continuing medications (Tramadol, Anaprox, Omeprazole and topical compound creams).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 0.2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025%/ Hyaluro:** 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 California MTUS chronic pain medical treatment guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the injured worker is intolerant to other treatments. As such, the request for Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin and Hyaluronic acid is not supported and the medical necessity of the request has not been substantiated.

**Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5%/Hyaluronic acid 0.2% cream:** 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 California MTUS chronic pain medical treatment guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended. As such, the request for Amitriptylene, Gabapentin, Bupivacaine, and hyaluronic acid is not supported and the medical necessity of the request has not been substantiated.