

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0182483 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 03/12/2012 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 08/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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: Pennsylvania, Ohio, California  
 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 46 year old female, who sustained an industrial injury on 3-12-2012. The medical records indicate that the injured worker is undergoing treatment for rotator cuff sprain-strain, adhesive capsulitis of the shoulder, moderate scapular dyskinesia, and status post left shoulder arthroscopic subacromial decompression (8-13-2012). According to the progress report dated 8-10-2015, the injured worker presented with complaints of left shoulder pain, stiffness, and weakness. The level of pain was not rated. The physical examination of the left shoulder reveals painful and reduced range of motion with moderate scapular dyskinesia with mild rhomboid tenderness posteriorly. The current medications are Naproxen. Previous diagnostic testing includes X-rays and MRI studies. Treatments to date include medication management, ice, physical therapy, home exercise program, cortisone injections, and surgical intervention. Work status is not described. The original utilization review (8-31-2015) had non-certified a request for topical compound cream (Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin .0375%, Menthol 2%, Camphor 1%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream: Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin .0375%, Menthol 2%, Camphor 1%, 30gm, QTY: 1: 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:** MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, the component ingredient Cyclobenzaprine is specifically not recommended for topical use. This request is not medically necessary.