

<b>Case Number:</b>	CM15-0185783		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 72 year old male who sustained an industrial injury on September 10, 2013. A recent primary treating office visit dated September 02, 2105 reported subjective complaint of "continued strength loss and weakness and significant range of motion loss in right shoulder." "Pain comes and goes with movement, requesting medications." He also reports "increased sleep disturbance and wants something to reduce the pain at night to sleep." He needs a refill on his pain medications and patches "as these have helped." The following diagnoses were applied to this visit: status post right shoulder rotator cuff repair December 2013, residual motion and strength loss; adhesive capsulitis, and chronic low back pain. The plan of care noted: pending magnetic resonance imaging study with Gadolinium of the right shoulder; pending orthopedist consultation; Meloxicam, tramadol, and Omeprazole and Terocin patches. Primary follow up dated January 20, 2015 reported medications Fenoprofen, and Tramadol. Primary follow up back September 11, 2014 reported subjective complaint of: "continued strength loss and weakness and significant range of motion loss in right shoulder." "Pain comes and goes with movement." He is requesting pain medication. Cyclobenzaprine and Tramadol noted for pain with note of holding non-steroidal agents to due hypertension. On September 03, 2015 a request was made for two topical compound creams that Utilization Review non-certified on September 11, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenolol 0.5% in cream base 210gm:** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, Fenoprofen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroid medications for this chronic 2013 injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenolol 0.5% in cream base 210gm is not medically necessary and appropriate.

**Amitriptyline 10%, Gabapentin 10%, Gabapentin 10%, Bupivacaine 5% cream base 210gm:** 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury

without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Amitriptyline 10%, Gabapentin 10%, Gabapentin 10%, Bupivacaine 5% cream base 210gm is not medically necessary and appropriate.