

<b>Case Number:</b>	CM15-0195395		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 52 year old female, who sustained an industrial injury on 9-14-2011. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include cervical strain, protrusion, bulge and facet hypertrophy, right shoulder sprain, impingement and frozen shoulder, bilateral elbow pain, bilateral wrist strain with right De Quervain's, bilateral hand pain, lumbar sprain, anterolisthesis, disc bulge and foraminal narrowing, radiculopathy, and major depressive disorder and anxiety. On 8-17-15, she complained of ongoing pain in the neck, right shoulder, bilateral elbows and wrists, low back, and ongoing gastrointestinal symptoms and psychological complaints. It was documented she had ran out of prescription medications approximately 7 months prior and was taking over the counter medications for pain. She had been without psychiatric medications for approximately 2 months and presented to the Emergency Department with complaints of an anxiety attack and given Valium. The physical examination documented an abnormal posture. There was tenderness to the cervical spine with decreased range of motion. There was decreased sensation in the right upper extremity. The right shoulder demonstrated a positive impingement sign and the provider documented "She has a frozen right shoulder." The elbows were tender with decreased range of motion. The wrists demonstrated positive Finkelstein's test on the right side with diffuse pain bilaterally with palpation. The lumbar spine was tender with decreased range of motion and a positive straight leg raise test on the left side. The plan of care included a prescription of Theramine and chiropractic therapy. The appeal requested authorization for Flurbiprofen-Capsaicin-Camphor-Menthol topical cream with two refills. The Utilization Review dated 9-4-15, denied this request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen, Capsaicin, Camp. Menthol cream with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

**Decision rationale:** The patient presents on 08/17/15 with cervical spine pain rated 7-8/10 which radiates into the bilateral upper extremities (right greater than left), right shoulder pain rated 5- 8/10 with associated weakness of the extremity, bilateral elbow pain rated 7/10, bilateral wrist pain rated 6-8/10, lumbar spine pain rated 6-8/10, and abdominal pain with associated acid reflux, bloating, and constipation. The patient's date of injury is 09/14/11. The request is for Flurbiprofen, Capsaicin, Camp. Menthol cream with 2 refills. The RFA was not provided. Physical examination dated 08/17/15 reveals tenderness to palpation of the right cervical paraspinal musculature and right trapezius, positive cervical compression test bilaterally, decreased sensation in the right upper extremity, tenderness to palpation of the bilateral acromioclavicular joints, biceps tendon grooves, and supraspinatus deltoid complex with positive impingement test and "frozen" shoulder on the right. The provider also notes tenderness to palpation of the medial and lateral joint epicondyles on the right, diffuse right wrist tenderness, positive Finkelstein's test on the right. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal musculature, left SI joint, left sciatic notch, with decreased sensation noted in the left lateral thigh and positive straight leg raise test on the left. The provider also notes tenderness to palpation of the left hip trochanters. The patient is currently prescribed Ambien, Ativan, Vicodin, Naprosyn, NarcoSoft, and Citrucel. Patient is currently classified as permanent and stationary. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Non-steroidal anti-inflammatory agents (NSAIDs) "this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). There is no peer-reviewed literature to support use." Regarding topical compounded creams on page 111, guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Flurbiprofen, Menthol, Camphor, and Capsaicin, the requested cream is not supported by MTUS guidelines. MTUS guidelines only support topical NSAIDs for peripheral complaints, this patient presents with multiple chronic pain complaints both peripheral and central, though the provider fails to specify whether this cream is intended to treat a peripheral complaint. Without a clear indication that this topical cream is being applied to a peripheral joint, a recommendation for approval cannot be made for the use of topical Flurbiprofen. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.