

<b>Case Number:</b>	CM15-0034425		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	08/11/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 37-year-old female, who sustained an industrial injury on August 11, 2014. She has reported low back pain, mid back pain, bilateral shoulder pain and neck pain. The diagnoses have included cervical sprain/strain radiating to the shoulders, muscle tension headaches, left forearm abrasions, air bag injury, resolved, bilateral shoulder sprain/strain and lumbar radiculitis of the bilateral lower extremities. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain, mid back pain, bilateral shoulder pain and neck pain, all constant and severe in nature. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She has been treated conservatively without resolution of pain. Evaluation on October 17, 2014, revealed continued pain. She reported anxiety and fear about the brakes failing on the vehicle since the accident. She also reported headaches 3 times weekly with associated nausea and vomiting. Evaluation on December 1, 2014, revealed continued pain. She was noted to be using chiropractic and acupuncture care at that time. Evaluation on January 6, 2015, revealed continued pain. Conservative therapies were continued and pain medications were renewed. On February 13, 2015, Utilization Review non-certified a request for Flurbiprofen/ Capsaicin/ Mentol/ Mediderm/ Camphor (retrospective DOS 12/9/14), noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 15, 2015, the injured worker submitted an application for IMR for review of requested Flurbiprofen/ Capsaicin/ Mentol/ Mediderm/ Camphor (retrospective DOS 12/9/14).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/ Capsaicin/ Mentol/ Mediderm/ Camphor (retrospective DOS 12/9/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** This patient presents with neck, bilateral shoulder, mid back and low back pain. The current request is for FLURBIPROFEN/CAPSAICIN/MENTHOL/MEDIDERM/CAMPHOR RETROSPETIVE DOS 12/9/14. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from back, neck and shoulder pain. Given that the patient does not meet the indication for a topical NSAID, the entire compounded cream is rendered invalid. This request IS NOT medically necessary.