

<b>Case Number:</b>	CM15-0040303		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Emergency Medicine

### 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 30-year-old female, who sustained an industrial injury on 9/15/2010. She has reported pain after hearing a "pop" in the right shoulder and right wrist after lifting approximately 40 pounds. The diagnoses have included right shoulder joint derangement, right shoulder pain and status post right carpal tunnel release with residual pain. Treatment to date has included medication therapy, physical therapy and acupuncture sessions for right shoulder. Currently, the IW complains of sharp pain in right shoulder, associated with radiation to arm, fingers, and muscle spasms. The pain was rated 7/10 VAS. The right wrist was rated 6/10 VAS status post carpal tunnel release, 6/7/14. The physical examination from 2/2/15 documented a positive Neer's impingement sign and trigger point of the right shoulder region with decreased Range of Motion (ROM). The right wrist revealed a well-healing surgical incision, tenderness and decreased ROM. The plan of care included continuation of medication therapy as previously prescribed and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm with a dos of 11/26/2014: 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 Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Also, prescribed was another topical compound with Flurbiprofen leading to risk for toxicity. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 3) Gabapentin: Not FDA approved for topical application and not recommended as per MTUS guidelines. 3) Camphor/Menthol: Non-active fillers that may have some topical soothing properties. Not a single component of these creams is recommended. Requested compounded product is not medically necessary.

**Retrospective Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm with a dos of 11/26/2014:**  
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 Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also prescribed another topical compound with Flurbiprofen leading to risk for toxicity. Also, prescribed was another topical compound with Flurbiprofen leading to risk for toxicity. Flurbiprofen is not medically necessary. 2) Cyclobenzaprine: Not FDA approved for topical application and not recommended as per MTUS guidelines. Not a single component of these creams is recommended. Requested compounded product is not medically necessary.