

<b>Case Number:</b>	CM15-0046293		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/20/2005
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female, who sustained an industrial injury on May 20, 2005. She reported slipping and falling. The injured worker was diagnosed as having C5-C6 discopathy with disc bulging and central canal stenosis by MRI scan March 27, 2008, multilevel cervical spondylosis at C3-C4, C4-C5, and C5-C6, chronic cervicgia with left upper extremity radicular symptoms, status post left shoulder surgery June 11, 2007, status post bilateral carpal tunnel release surgeries, right shoulder partial rotator cuff tear with acromioclavicular joint arthrosis, left shoulder impingement syndrome with subacromial bursitis and acromioclavicular joint arthrosis, lumbar discopathy, status post exceptional biopsy, anxiety and depression, status post right shoulder reconstruction, and bilateral knee internal derangement. Treatment to date has included acupuncture, home exercise program (HEP), and medication. Currently, the injured worker complains of aching pain in the right shoulder. The Primary Treating Physician's report dated January 27, 2015, noted the injured worker was taking Lantus, Metformin, Lisinopril, Aspirin, and Norco. The right shoulder was noted to have mild tenderness of the acromioclavicular joint, with painful overhead reach at the end range. Range of motion (ROM) and strength of the right shoulder was noted to be improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% cream #120 gm: 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% cream #120 gm is not medically necessary.

**Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream #120 gm: 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment Guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of chronic pain. Capsaicin is not recommended by MTUS guidelines. Therefore, Topical Cream Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2% cream #120 gm is not medically necessary.