

Case Number:	CM15-0047247		
Date Assigned:	03/19/2015	Date of Injury:	12/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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: Preventive Medicine, Occupational 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 57 year old male who sustained a work related injury December 13, 2013. While using a crank to lower the landing on a trailer, the gears on the crank failed and he was thrown over the crank onto his left shoulder, with sudden sharp pain. His treatment included medication, orthopedic consultation, hot/cold packs, joint heat therapy pad, MRI and physical therapy. Past history included left anterior labral tear and left shoulder arthroscopic acromioplasty, partial distal clavicle resection, November, 2014. According to a primary treating physician's initial medical evaluation, dated January 27, 2015, the injured worker presented with generalized tenderness to palpation of the entire left shoulder joint and tenderness to palpation with spasms of the left upper trapezius muscle. There is also tenderness to palpation of the left biceps. Diagnoses included left shoulder pain; left biceps sprain/strain; clinical flexor tendonitis; triggering of the left thumb; medication-induced gastritis. Treatment plan included requests for medications and prescribed transdermal compounds, functional restoration 1 x 6, x-rays, and electromyography studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/Fluriprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% Qty:
180gm: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 105.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Capsaicin 0.025%/Fluriprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% Qty: 180gm is not medically necessary.