

Case Number:	CM15-0052614		
Date Assigned:	03/26/2015	Date of Injury:	06/25/2012
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/19/2015

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, Hawaii
 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 54 year old female, who sustained an industrial injury on 06/25/2012. She has reported subsequent right shoulder and neck pain and was diagnosed with right shoulder subacromial bursitis, symptomatic AC joint arthralgia, rotator cuff tear and cervical disc disease. Treatment to date has included oral pain medication and surgery. In a QME report dated 01/29/2015, the injured worker complained of neck and right shoulder pain that was rated as 4-6/10. A request for authorization of Cyclobenzaprine/Flurbiprofen cream and Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor cream was made. There was no medical documentation submitted that appears to pertain to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25%; 180gm: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck and right shoulder. The current request is for Cyclobenzaprine 2%, Flurbiprofen 25%; 180gm. The treating physician report dated 2/2/15 (31C) states, "Trial of medicated compound creams." The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine is not recommended, the requested topical compound is not medically necessary. Recommendation is for denial.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180gm: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck and right shoulder. The current request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%; 180gm. The treating physician report dated 2/2/15 (31C) states, "Trial of medicated compound creams." The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." In this case, Gabapentin is not recommended as a topical product by the MTUS guidelines. Furthermore, since Gabapentin is not recommended, the requested topical compound is not medically necessary. Recommendation is for denial.