

Case Number:	CM15-0053345		
Date Assigned:	03/26/2015	Date of Injury:	04/23/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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 58 year old female who sustained an industrial injury on April 23, 2011. The injured worker was diagnosed with bilateral sprain/strain, bilateral shoulder rotator cuff tear, upper extremity neuropathy, clinical impingement, bilateral carpal tunnel syndrome, right elbow epicondylitis, gastritis and insomnia. The injured worker is status post right shoulder surgery on October 30, 2014. According to the primary treating physician's progress report on January 28, 2015; the injured worker's pain is unchanged and controlled with medications. Examination of the right shoulder demonstrated tenderness to palpation with spasms of the right upper trapezius and tenderness of the right acromioclavicular joint with limited range of motion due to pain. Upper extremity sensation is intact bilaterally. Current medications are listed as Tylenol and the current request for topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound: Flurbiprofen; Gabapentin, Capsaicin; Menthol; Camphor, Versapro:
Upheld

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

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

Decision rationale: The requested Topical Compound: Flurbiprofen; Gabapentin, Capsaicin; Menthol; Camphor, Versapro is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The treating physician has documented right shoulder demonstrated tenderness to palpation with spasms of the right upper trapezius and tenderness of the right acromioclavicular joint with limited range of motion due to pain. Upper extremity sensation is intact bilaterally. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical Compound: Flurbiprofen; Gabapentin, Capsaicin; Menthol; Camphor, Versapro is not medically necessary.