

<b>Case Number:</b>	CM15-0060532		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on July 30, 2012. The injured worker was diagnosed as having labral tear, cervical strain/sprain, degenerative disc disease (DDD) and spondylosis and disc bulge. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), shoulder surgery and medication. A progress note dated March 12, 2015 provides the injured worker complains of neck pain radiating to left arm rated 7/10, left shoulder pain rated 6/10 and back pain rated 7/10. Physical exam notes the pain is increased and administered intramuscular injection (IM) of medication. The plan includes topical cream, injection and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi-Cap-Menthol cream with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Capsaicin topical, Menthol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Capsaicin, topical, p28 (3) Topical Analgesics, p111-113 Page(s): 28, 60, 111-113.

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and continues to be treated for neck and left arm and shoulder pain. Medications also include Motrin. When seen, he had increased pain without new injury. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Menthol is an ingredient in common over-the-counter products used to relieve pain. Studies have shown that the application of topical menthol is more effective than ice in decreasing pain and allows for greater muscle contraction strength. These medications work by providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. In this case, the claimant's medications also include the oral non-steroidal anti-inflammatory medication Motrin (ibuprofen) without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination topical medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, the requested compounded medication was not medically necessary.

**Toradol 60mg IM injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketorolac (Toradol).

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and continues to be treated for neck and left arm and shoulder pain. Medications also include Motrin. When seen, he had increased pain without new injury. The oral form of Toradol (Ketorolac) is recommended for short-term management of moderately severe, acute pain following surgical procedures in the immediate post-operative period. This medication is not indicated for minor or chronic painful conditions. Guidelines recommend Ketorolac, administered intramuscularly, as an alternative to opioid therapy. In this case, the claimant's medications include Norco, which was continued. Therefore, the injection was not medically necessary.