

<b>Case Number:</b>	CM15-0060617		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/25/2015
<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: Anesthesiology, 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(n) 47 year old female, who sustained an industrial injury on 5/23/14. She reported pain in her right shoulder and hand after a 20-30 pound box fell and struck her. The injured worker was diagnosed as having right shoulder strain, right shoulder bursitis and right shoulder impingement. Treatment to date has included a right shoulder and right hand MRI, physical therapy, acupuncture and topical and oral medications. As of the PR2 dated 2/18/15, the injured worker reports severe pain in her right shoulder. The treating physician noted positive impingement signs in the right shoulder and tenderness to palpation at the AC joint. The treatment plan includes an IF unit, follow-up with a shoulder surgeon and oral and topical medications. The treating physician requested FCL (Flurbiprofen 20%/Tramadol 20% 180 grams).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL (Flurbiprofen 20%/Tramadol 20% 180 grams): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topicals  
Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.