

<b>Case Number:</b>	CM15-0082959		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 57-year-old male who sustained a work related injury December 13, 2013. Past history included s/p arthroscopic repair of a left shoulder anterior labral tear, acromioplasty and partial distal clavicle resection, November 21, 2014. According to a primary treating physician's medical re-evaluation, dated April 6, 2015, the injured worker presented with complaints of left shoulder pain, rated 5/10. The pain radiates to the biceps, forearm, and wrist. He reports numbness, tingling, pulsating, throbbing, achy, weakness, stiffness and needles sensation. Also, he complained of worsening left thumb pain, rated 5/10, which is sensitive and radiates up to his left shoulder. Diagnoses included left shoulder pain; left biceps sprain/strain; clinical flexor tendonitis; triggering of the left thumb; bilateral moderate carpal tunnel syndrome, NCV (nerve conduction study 2/12/2015); medication induced gastritis; acromioclavicular separation(x-ray left shoulder 2/23/2015). Treatment plan included chiropractic therapy, acupuncture, orthopedic consultation, and at issue, a request for Capsaicin/Flurbiprofen/ Gabapentin/Menthol/Camphor and Cyclobenzaprine/Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%, 180 gm, No Refills: 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.

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, request is not medically necessary.

**Cyclobenzaprine 2% Flurbiprofen 25%, 180 gm, No Refills:** 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 analgesic Page(s): 111.

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.