

Case Number:	CM15-0083933		
Date Assigned:	05/06/2015	Date of Injury:	10/05/2012
Decision Date:	06/18/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/01/2015

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 56 year old male, who sustained an industrial injury on 10/05/2012. On provider visit dated 11/03/2014, examination of the cervical and lumbar spine was noted as decreased range of motion and positive for spasm. The diagnoses have included cervical disc protrusion, lumbar disc protrusion, right shoulder rotator cuff tear and left shoulder rotator cuff tear. Treatment to date has included laboratory studies, topical cream, and chiropractic therapy. The provider requested compound: Flurbiprofen 10%, Capsaicin .25%, Camphor 12% 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 10%, Capsaicin .25%, Camphor 12% 120 gm: Upheld

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

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 bilateral shoulder. The current request is for Compound: Flurbiprofen 10%, Capsaicin .25%, Camphor 12% 120gm. The

treating physician states, "Topical Compound Creams Ordered Flurbiprofen 10%, Capsaicin .25%, Camphor 12% 120gm." No further explanation is given. (6B) The MTUS guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. The MTUS guidelines also state that Capsaicin is only recommended for patients who have not responded to other treatments. In this case, the treating physician has not documented if the patient has not responded to other treatments. Additionally, the MTUS guidelines do not support Flurbiprofen in topical formulation for treatment of the shoulder. The current request is not medically necessary and the recommendation is for denial.