

<b>Case Number:</b>	CM15-0084495		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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: New York, West Virginia, Pennsylvania  
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:

This is a 48-year-old female with an April 20, 2013 date of injury. A progress note dated April 2, 2015 documents subjective findings (neck pain; bilateral shoulder pain; bilateral arm pain; right elbow pain; right forearm pain; right wrist and hand pain; thoracic spine pain; numbness and tingling of the right wrist and hand; anxiety; stress; insomnia; pain rated at 7/10 at best, 8/10 at worst), objective findings palpable tenderness at cervical; bilateral cervical dorsal; upper thoracic spine; lumbar spine; bilateral sacroiliac; bilateral buttock; sacral; bilateral posterior legs; right shoulder; right elbow; decreased range of motion of the cervical spine; decreased range of motion of the right shoulder; decreased range of motion of the right elbow and wrist; decreased range of motion of the lumbar spine), and current diagnoses (carpal tunnel syndrome; epicondylitis; sprain/strain of the wrist; peri-arthritis of the shoulder). Treatments to date included medications, heat, topical compounds, physical therapy, acupuncture, magnetic resonance imaging of the right shoulder, right elbow, and right wrist, and right shoulder surgery. The medical record identifies that medications, heat, and topical compounds help control the pain. The treating physician documented a plan of care that included topical compounds for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL (Flurbiprofen 20%/Baclofen 2%/ Dexamthasone 2% Menthol 2%/ camphor2%/ Capsaicin 0.0375%/ Hyaluronic Acid 0.20%) 180gms: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**Decision rationale:** Guidelines state that topical analgesics are largely experimental in use and primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. In this case, there is no documentation that there has been a failure of first line therapy. The request for FCL 180 grams is not medically necessary.