

<b>Case Number:</b>	CM13-0031595		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	06/25/1999
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old female who reported an injury on 06/25/1999 due to cumulative trauma. The patient was conservatively treated with physical therapy, medications, and an interferential unit. The patient complained of persistent right shoulder and neck pain. The most recent clinical exam findings included an evaluation of the cervical spine that documented restricted cervical spine range of motion, described as 20 degrees in forward flexion, 20 degrees in extension, 35 degrees in right and left lateral bending, and 50 to 60 degrees in right and left rotation. An evaluation of the shoulder revealed right shoulder restricted range of motion and tenderness to palpation described as 156 degrees in flexion, 50 degrees in extension, 180 degrees in abduction, 90 degrees in external rotation, and 55 degrees in internal rotation. The physical examination of the left shoulder revealed tenderness to palpation and restricted range of motion described as 160 degrees in flexion, and 60 degrees in internal rotation. The patient's diagnoses included chronic cervicodorsal strain/sprain, and bilateral shoulder sprain/strain. The patient's treatment plan included topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% Diclofenac 10% 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section and Topical Analgesics Sections Page(s): 60,111.

**Decision rationale:** The retrospective flurbiprofen 25% and diclofenac 10% (240 gm) jar is not medically necessary or appropriate. The patient does have chronic shoulder and cervical pain. California Medical Treatment Utilization Schedule recommends topical analgesics that include nonsteroidal anti-inflammatory drugs when a patient is intolerant of oral analgesics. The clinical documentation submitted for review does not provide any evidence that the patient cannot take oral analgesics or anti-inflammatories or that they are contraindicated for this patient. Also, California Medical Treatment Utilization Schedule recommends that medications used in the management of chronic pain be introduced singularly to determine the efficacy of each medication. Therefore a compounded medication would not be supported by guidelines recommendations. As such, the requested retrospective flurbiprofen 25% and diclofenac 10% (240 gm) jar is not medically necessary or appropriate.

**Capsaicin 0.375% Menthol 10% Camphor 2.5% Tramadol 20% 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section, page 60, Topical Analgesics Sections and the Effectiveness.

**Decision rationale:** The retrospective capsaicin 0.375%, menthol 10%, camphor 2.5%, and tramadol 20% (240 gm) jar is not medically necessary or appropriate. The patient does have documented persistent pain of the cervical and lumbar spine. The California Medical Treatment Utilization Schedule does not recommend the use of topical agents that include capsaicin 0.375% as there is no scientific evidence to support the efficacy of that formulation. Additionally, the clinical documentation submitted for review does not provide any evidence that the patient is intolerant or that oral medications are contraindicated for this patient. Although menthol and camphor would be supported as agents of a topical compound for pain relief, the topical compound also includes tramadol and capsaicin. Capsaicin is not supported by guideline recommendations as there is no documentation that the patient has failed to respond to other types of treatments or other oral medications. Additionally, peer-reviewed literature states that there is a deficiency of high quality evidence to support the role of topical opioids and that more robust primary studies are required to inform practice recommendations. Additionally, California Medical Treatment Utilization Schedule recommends the introduction of medications in the management of chronic pain to be done singularly. Therefore, this compounded medication would not be supported by guideline recommendations. As such, the retrospective capsaicin 0.375%, menthol 10%, camphor 2.5%, and tramadol 20% (240 gm) jar is not medically necessary or appropriate.