

<b>Case Number:</b>	CM14-0111519		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 54 year old male with a 10/11/13 date of injury. A 06/11/14 initial evaluation report states complaints of on-and-off upper back pain at 6/10, right shoulder pain at 7/10, no radiation of pain, nor any numbness or tingling sensation. The patient also has bilateral hand pain, which is rated as a 6/10. He states that the pain radiates to his bilateral wrists with numbness and tingling sensation, low back pain, which is rated as a 2/10, there is no radiation of pain, and he reports numbness and tingling sensation. He also has on-and-off right knee pain, which is rated as a 4/10. There is no radiation of pain, nor any numbness or tingling sensation. He reports shooting pain and weakness. The objective findings state Positive Sitting Root and Straight Leg Raise test at 60 degrees on the right and 65 degrees on the left. He has decreased sensation at the bilateral L5 and S1 dermatomes, tender lumbar paraspinals, upper trapezius muscles and rhomboids bilaterally, as well as tenderness to palpation of the rotator cuff and bicipital groove on the right. He also has positive Impingement bilaterally, mild on the left, positive Yergason's and Empty Can's Test on the right. The wrists demonstrate positive Phalen's. The patient's diagnoses include a cervical spine sprain/strain, right shoulder impingement syndrome, left shoulder impingement syndrome, right carpal tunnel syndrome, left carpal tunnel syndrome, degenerative joint disease of right index and right middle distal IP joints, lumbar strain/sprain, lower extremity radiculitis, right knee internal derangement, left knee strain/sprain, sleep disturbance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 gm:** 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 Page(s): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs and opioids in topical applications. The benefit from a topical analgesic in addressing patient's symptoms is questionable. Therefore the request is not medically necessary.