

<b>Case Number:</b>	CM14-0125427		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/03/2001
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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, and is licensed to practice in Texas. 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 39 year old female with a 6/3/2001 date of industrial injury. An operative report dated 10/7/2003 indicates the patient underwent mini-open arthroscopy assisted SAD, debridement of partial supraspinatus tear, debridement of partial subscapularis tendon, glenohumeral arthroscopy of the right shoulder. A 9/16/2013 EMG/NCS of the lower extremities reveals a normal study. According to a PTP PR-2 signed by [REDACTED], dated 10/11/2013, the patient complains of 4/10 pain of the right shoulder. Objective findings indicate pain with shoulder motion, negative Neer and Hawkins, full ROM, negative Phalen's and positive Tinel's. The patient is dispensed two compound topical creams, Flurbiprofen/capsaicin/menthol/camphor 10/0.025/2/1% (120 gm) and Ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% (120 gm). A Request for Authorization form from [REDACTED], dated 10/16/2013, requests topical creams: Flurbiprofen/capsaicin/menthol/camphor 10/0.025/2/1% (120 gm) and Ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% (120 gm).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the guidelines, topical application of an NSAID, such as Flurbiprofen, may be indicated for short duration use, for osteoarthritis of joints that are amenable to topical treatment. However, there is little evidence to utilize topical NSAIDs for treatment of the spine, hip or shoulder. In addition, according to the guidelines, Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish she is intolerant to standard oral therapies. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Only FDA approved are recommended. Cyclobenzaprine is a muscle relaxant which is not recommended as there is no evidence of using any muscle relaxant as a topical product. The CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established. The medical records fail to establish the topical compound cream is appropriate and medically necessary.