

<b>Case Number:</b>	CM14-0161666		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Preventive Medicine, has a Subspecialty in Occupational Medicine, 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 injured worker is a 43-year-old male who was injured at work on 09/24/2010. The worker is reported to be complaining of severe right shoulder pain that improves with medication; weakness of the left shoulder. The physical examination revealed painful but full range of motion of the shoulders; normal strength of the shoulders; positive spurling's sign; tenderness in the neck. The MRI of the right shoulder was positive for rotator cuff tear and tendinosis. The injured worker has been diagnosed of Rotator cuff tear, left shoulder postoperative; right shoulder impingement; Sleep Disturbance. Treatments have included Physical therapy, Surgery, Clonazepam, Trazodone, Hydrocodone. At dispute is the request for Flurbiprofen compounded topicals #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen Compounded Topicals #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** The injured worker sustained a work related injury on 09/24/2010. The medical records provided indicate the diagnosis of Rotator cuff tear, left shoulder postoperative; right shoulder impingement; Sleep Disturbance. Treatments have included Physical therapy, Surgery, clonazepam, Trazodone, hydrocodone. Treatments have included. The medical records provided for review do not indicate a medical necessity for Flurbiprofen compounded topicals #120. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended; Flurbiprofen compounded topicals is not a recommended topical analgesic. The requested treatment is not medically necessary.