

<b>Case Number:</b>	CM14-0022240		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Interventional Spine 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 50-year-old female with a date of injury of 08/15/2011. The listed diagnoses per [REDACTED] are: 1. Neck pain. 2. Pain in both shoulders. 3. Back pain. The medical file provided for review includes 2 initial consultation reports by 2 different physicians. According to report 09/30/2013 by [REDACTED], the patient presents with back pain. Examination of the lumbar spine revealed mild tenderness in the right and left lower paraspinal muscles. Straight leg raise was 60%. Lasegue's and FABER's tests were both negative. [REDACTED] diagnosed the patient with cervical sprain with disk protrusions from C5 to C7, bilateral shoulder impingement, history of wrist sprains, carpal tunnel syndrome, and low back degenerative disk disease. He recommended local injections to the cervical and trapezius muscle for pain relief and physical therapy. According to report 02/01/2013 by [REDACTED], the patient presents with sharp pain in the left shoulder. Physical examination of the left shoulder revealed tenderness to palpation over the subacromial and rotator cuff region. Range of motion of the left shoulder was decreased. [REDACTED] diagnosed the patient with left shoulder pain. This request is for topical cream (capsaicin, flurbiprofen, tramadol, menthol, and camphor) and topical cream (flurbiprofen and cyclobenzaprine). Utilization review denied the request on 01/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthal 2%, Camphor 2%:**  
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 rationale:** The treater is requesting a topical compound cream containing Capsaicin 0.025, Flurbiprofen 15%, Menthol 2%, and Camphor 2%. The MTUS Chronic Pain Guidelines states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, the MTUS Chronic Pain Guidelines states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The request is not medically necessary and appropriate.

**240gm Flurbiprofen 25%, Cyclobenzaprine 02%:** 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 rationale:** The MTUS Chronic Pain Guidelines states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, the MTUS Chronic Pain Guidelines states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Furthermore, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The request is not medically necessary and appropriate.