

<b>Case Number:</b>	CM14-0140579		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 underlying date of injury in this case is 11/03/2008. The date of the utilization review under appeal is 08/01/2014. The patient's diagnoses include low back pain, cervical pain, myofascial pain syndrome/fibromyalgia, and shoulder pain. On 07/17/2014, a primary treating physician progress report indicated the patient presented with ongoing neck pain and right shoulder pain. The patient reported an increase in spasms and was not taking a muscle relaxant. The patient reported that she would occasionally take antiinflammatory medications which helped somewhat. The medications included Prozac, Norco, Zanaflex, topical flurbiprofen-capsaicin cream. The treating provider added Zanaflex to the patient's treatment for spasm and gave the patient topical flurbiprofen-capsaicin to apply to the neck and shoulder and planned to follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% - Capsaicin 0.0275% Cream 120gm:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics recommends the use of topical analgesics only if there is a clear discussion of the specific goal and proposed mechanism of action. The medical records in this case do not contain such detail regarding this proposed agent. Moreover, the component ingredient Flurbiprofen is a topical anti-inflammatory, which the guidelines suggest would work only for short-term and not on a chronic basis. The ingredient Capsaicin is recommended by the same guidelines only in cases where all other treatment options have failed, which is not documented at this time. For these multiple reasons, the component ingredients in this compounded item are not supported by the treatment guidelines. Therefore, overall, this request is not medically necessary.