

<b>Case Number:</b>	CM14-0211795		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 60-year-old woman who sustained a work-related injury on May 4, 2012. Subsequently, the patient developed chronic shoulder and neck pain. According to a progress report dated December 5, 2014, the patient reported increase in shoulder and neck pain. She feels pain in the neck while using the computer. Inspection of bilateral shoulder joints revealed no limitation with flexion, extension, adduction, abduction, active elevation, passive elevation, internal rotation or external rotation. Neer, Hawkins, Empty Cans, and shoulder crossover tests were negative. Belly press, lift off tests and Jobe's test were negative indicating normal rotator cuff function. On palpation, tenderness was noted in the biceps groove. The patient was diagnosed with adhesive Capsulitis of shoulder. The provider requested authorization for topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubiprofen 20% cream Lidocaine 5% cream Qty: 1.00: Upheld**

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Lidocaine 5%, Flubiprofen 20% cream is not medically necessary.