

<b>Case Number:</b>	CM14-0212114		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: 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 patient is a 56 year old male with an injury date of 03/25/11. The 11/10/14 progress report states that the patient presents with radicular neck pain and muscle spasms along with associated numbness and tingling. Pain is rated 7/10. The patient also presents with left shoulder pain radiating down the arm to the fingers with muscle spasms along with lower back pain radiating to the bilateral lower extremities. Examination of the cervical spine reveals tenderness to palpation at the paraspinal and scalene muscles. There is tenderness to palpation at the AC joint of the left shoulder with Neer's impingement and Drop arm tests positive. Sensation to pinprick and light touch is diminished over the C5,6,7,8 and T1 dermatomes in the bilateral upper extremities. There is also tenderness to palpation at the bilateral lumbar paraspinal muscles with diminished sensation to pinprick and light touch at L4,5, and S1 dermatomes. The patient's diagnoses include: 1.Cervical spine disc displacement 2.Cervical spine radiculopathy 3. Left shoulder internal derangement 4.Left shoulder rotator cuff tear 5.Lumbar spine disc displacement 6.Lower back pain 7.Lumbar spine radiculopathy 8.Diabetes Mellitus. The patient is to undergo left shoulder surgery following normalization of a high glucose level, and is to continue a home exercise program and heat for the left shoulder. Medications are listed as: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, and Gabapentin. The utilization review is dated 12/04/14. Reports were provided for review from 06/09/14 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of topical compound cream, 180grams (Cyclobenzaprine 2%, Flurbiprofen 25%): 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 creams Page(s): 111.

**Decision rationale:** The patient presents with radicular neck pain, left shoulder pain radiating down the arm to the fingers, and lower back pain radiating to the bilateral lower extremities. The current request is for 1 container of topical compound cream, 180grams (Cyclobenzaprine 2%, Flurbiprofen 25%). The RFA is not included. The 12/04/14 utilization review states the RFA was received 11/26/14. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested compounded topical contains Cyclobenzaprine which is not medically necessary.

**1 container of topical compound cream, 180grams, (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2%): 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 creams Page(s): 111.

**Decision rationale:** The patient presents with radicular neck pain, left shoulder pain radiating down the arm to the fingers, and lower back pain radiating to the bilateral lower extremities. The current request is for 1 container of topical compound cream, 180grams, (Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% and Camphor 2%). The RFA is not included. The 12/04/14 utilization review states the RFA was received 11/26/14. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested compounded topical medication contains Gabapentin which MTUS specifically states is not recommended under the topical cream section. Therefore, the request is not medically necessary.