

<b>Case Number:</b>	CM14-0215552		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 52-year-old male who reported an injury on 07/12/2013. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with left shoulder sprain/strain and left shoulder impingement. The injured worker presented on 11/24/2014. The current medication regimen includes Naproxen 550 mg, cyclobenzaprine 7.5 mg, and Protonix 20 mg. The injured worker reported pain in the left shoulder radiating into the arm, hand, fingers, and neck. Upon examination, there was limited range of motion of the left shoulder with positive impingement sign. Recommendations at that time included prescriptions for several compounded creams and continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10 Percent Amitriptyline 10 Percent Bupivacaine 5 Percent:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no evidence for the use an antiepilepsy drug as a topical product. Therefore, the current request is not medically appropriate. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

**Flurbiprofen 20 Percent Baclofen 5 Percent Dexameth Asone 2 Percent Menthol 2 Percent Camphor 2 Percent Capsaicin .025 Percent:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Capsaicin in a 0.025% formulation is recommended for treatment of osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. Given the above, the request is not medically appropriate. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

**Flurbiprofen 20 Percent Tr:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. Therefore, the current request for a flurbiprofen 20% cream is not medically appropriate. There is also no frequency or quantity listed in the request. Therefore, the request is not medically necessary.