

Case Number:	CM15-0125441		
Date Assigned:	07/10/2015	Date of Injury:	12/12/2011
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 64 year old female who sustained an industrial /work injury on 12/12/11. She reported an initial complaint of neck, left shoulder, and arm pain. The injured worker was diagnosed as having rotator cuff sprain, carpal tunnel syndrome, sprain of hand. Treatment to date includes medication, surgery (left shoulder arthroscopy in 2013), diagnostics, and physical therapy. MRI results were reported on 1/28/15. Currently, the injured worker complained of left shoulder pain and popping and bilateral hand and wrist pain with numbness, tingling, and decreased grip. Per the primary physician's report (PR-2) on 2/4/15, exam noted left shoulder with continued pain along with neck pain rated at 5/10. Current plan of care included carpal tunnel braces for the wrist and medication. The requested treatments include Flurbiprofen/Capsaicin cream (unknown dosage and quantity)

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin cream (unknown dosage and quantity): 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis. In addition, the topical NSAID was provided to avoid GI complications of oral NSAIDs. However, topical NSAIDs can have systemic absorption similar to oral NSAIDs. The use of topical Flurbiprofen/Capsaicin cream were not substantiated and are not medically necessary.