

Case Number:	CM15-0172305		
Date Assigned:	09/14/2015	Date of Injury:	09/01/2014
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This injured worker is a 62 year old male, who sustained an industrial injury on 09-01-2014. The injured worker was diagnosed as having right shoulder sprain and strain and right elbow pain. On medical records dated 07-02-2015 and 06-22-2015, the subjective findings noted right shoulder burning pain with numbness and cramping. Right elbow with burning pain, numbness and tingling was also noted. Objective findings were noted as right shoulder having no swelling, bruising, atrophy or lesion present. Motor was noted at 4 out of 5 in right supraspinatus. The range of motion was decreased and painful. Tenderness was noted to palpation of acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. A Neer's positive and Speed's test was noted. The injured worker was noted as off work until 07-30-2015 on progress note dated 06-22-2015. Treatments, to date, included medication. Current medication included Norco, Diclofenac Sodium and Pantoprazole. The Utilization Review (UR) was dated 08-13-2015. The UR submitted for this medical review indicated that the request for Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% in cream base 240 grams was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 240grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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; any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. 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 and long term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In this case, the claimant did not have the above diagnoses. The claimant was also on oral Tramadol and another topical compound. Use of multiple topicals is not indicated. Since the compound above contains these topical medications, the compound in question is not medically necessary.