

<b>Case Number:</b>	CM15-0064467		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	08/18/2007
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 female, who sustained an industrial injury on 08/18/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left shoulder rotator cuff repair and left carpal tunnel syndrome. Treatment to date has included medication regimen and urine drug testing. In a progress note dated 03/05/2015 the treating physician reports complaints of bilateral lumbar, left lower and mid thoracic, and left knee pain with a pain rating of an eight out of ten. The treating physician also noted complaints numbness and tingling to the bilateral anterior hands, bilateral posterior hands, left anterior shoulder, left anterior arm, left anterior elbow, left anterior forearm, left anterior wrist, left posterior wrist, left posterior forearm, left posterior arm, left posterior elbow, and left posterior shoulder pain. The treating physician requested the medication FCL (Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0.20% in 180gms to be applied to the affected area to reduce pain, increase function and mobility, and decrease the need for additional oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCL FLURBIPROFEN 20% BACLOFEN 2% DEXAMETHASONE 2% MENTHOL 2% CAMPHOR 2% CAPSAICIN 0.0375% HYALURONIC ACID 0.20% 180GMS: 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:** This 52 year old female has complained of left shoulder pain, left arm pain, left hand pain and left knee pain since date of injury 8/18/07. She has been treated with surgery, physical therapy and medications. The current request is for Flurbiprofen 20% Baclofen 20% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin .0375% Hyaluronic acid. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20% Baclofen 20% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin .0375% Hyaluronic acid is not medically necessary.