

<b>Case Number:</b>	CM15-0076078		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53 year old male injured worker suffered an industrial injury on 5/01/2013. The diagnoses included right shoulder impingement syndrome, right shoulder/elbow pain, right carpal tunnel syndrome, lower extremity radiculitis, lumbar disc displacement herniated disc and abdominal pain. The injured worker had been treated with medications. On 9/20/2014 the treating provider reported right shoulder pain radiating down the arm to the fingers associated with spasms rated 3 to 6/10. There was right elbow pain with spasms rated 3 to 5/10. There was right wrist pain with spasms rated 3 to 5/10 with weakness, numbness and tingling of the hand and fingers. There was low back pain radiating down to the bottom of the feet rated 3 to 6/10 associated with numbness and tingling of the bilateral lower extremities. On exam the right shoulder had tenderness and crepitus with reduced range of motion. The right elbow/wrist had tenderness with reduced range of motion. The lumbar spine had reduced range of motion with tenderness and positive trigger points. The treatment plan included Retrospective Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% and Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient is a 53 year old male with an injury on 05/01/2013. He has right shoulder, right elbow, right wrist and low back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol 2% which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.

**Retro Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 210gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient is a 53 year old male with an injury on 05/01/2013. He has right shoulder, right elbow, right wrist and low back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Cyclobenzaprine 2% which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.