

<b>Case Number:</b>	CM15-0079249		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old female, who sustained an industrial injury on 01/06/2012. On provider visit dated 03/17/2015 the injured worker has reported left shoulder pain intermittently but was overall better. On examination of the left shoulder and elbow revealed tenderness and a decrease of motion. The diagnoses have included left shoulder tendinitis, left elbow medial/lateral epicondylitis, and left carpal tunnel syndrome. Treatment to date has included physical therapy, medication and acupuncture. The provider requested Flurbiprofen/Cap/ Menthol cream 240gm x 1 refill. Per documentation the patient has a history of gastritis

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cap/Menthol cream 240gm x 1 refill:** Upheld

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

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

**Decision rationale:** Flurbiprofen/Cap/Menthol cream 240gm x 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per the MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The documentation does not reveal inability to take oral medications. The request is not clear as to which body part this cream is for as topical NSAIDs are not recommended for the spine, hip or shoulder. The request for Flurbiprofen/Cap/Menthol cream 240gm x 1 refill is not medically necessary.