

Case Number:	CM15-0091871		
Date Assigned:	05/18/2015	Date of Injury:	07/25/2012
Decision Date:	06/23/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 7/25/2012. She reported cumulative injuries and one specific onset of pain while assisting a patient off the toilet. The injured worker was diagnosed as having adhesive capsulitis of the right shoulder and rotator cuff sprain/strain and status post right shoulder arthroscopic surgery, cervical degenerative disc disease and radiculopathy. Cervical magnetic resonance imaging showed multilevel degenerative disc disease and mild disc protrusions and right shoulder magnetic resonance imaging showed minimal subacromial bursitis. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/27/2015, the injured worker complains of continued shoulder pain. The treating physician is requesting retrospective: Flurbiprofen/Cyclobenzaprine/Caps/Menthol Crystals/Camphor/PCCA Lidoderm Base (DOS 03/30/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen / Cyclobenzaprine/Caps/ Menthol Crystals/Camphor/ PCCA Lipoderm Base (DOS 03/30/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com/odgtwc/pain/htm#topicalanalgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen/Cyclobenzaprine/Capsaicin/Menthol crystals/Camphor/PCCA Lipoderm Base (date of service March 30, 2015) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 Flurbiprofen is not FDA approved for topical use. Cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are adhesive capsulitis shoulder; other affectations shoulder region NEC; and rotator cuff sprain and strain. The injured worker had a right shoulder arthroscopy June 5, 2013. The injured worker continues to have pain in about the right shoulder stiffness and weakness. Medications include ibuprofen and tramadol. On February 2, 2015, the treating provider prescribed a topical compound cream. The specific makeup of the topical compound cream does not appear in the progress note. The specific makeup of the compound cream appears in the request for authorization. There is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Topical Flurbiprofen is not FDA approved for topical use. Flurbiprofen is not recommended. Cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and cyclobenzaprine) that is not recommended is not recommended. Consequently, Flurbiprofen/cyclobenzaprine/capsaicin/menthol crystals/camphor/PCCA liopoderm is not recommended. Based on clinical information in the medical record and peer-reviewed evidence- based guidelines, Flurbiprofen/Cyclobenzaprine/Capsaicin/Menthol crystals/Camphor/PCCA Lipoderm Base (date of service March 30, 2015) is not medically necessary.