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| <b>Case Number:</b>   | CM13-0059638 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 08/02/2011 |
| <b>Decision Date:</b> | 05/19/2014   | <b>UR Denial Date:</b>       | 11/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 59-year-old gentleman who was injured 08/02/11. Clinical records for review indicate a progress report of 08/07/13 where the claimant was noted to be with diagnosis of right shoulder pain status post subacromial decompression on 02/05/13 and a secondary diagnosis of right carpal tunnel syndrome. It indicates that the claimant underwent further surgical process on October 8, 2013 in the form of a right carpal tunnel release with application of a splint. The claimant's last physical examination was August 7, 2013 where the right shoulder showed well healed portal sites, full range of motion with mild weakness and mechanical popping. The plan at that time was for surgical process which was ultimately performed in the right carpal tunnel as well as continuation of home exercises, therapy and a prescription for medication to include topical compound of Flurbiprofen, Lidocaine, Amitriptyline, and PCCA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUNDED FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE/PCCA CREAM:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical compound in question would not be indicated. At present, there would be no indication for the role of Lidocaine, a topical agent used as a second line treatment for neuropathic pain where agents such as Gabapentin, Lyrica or tricyclic anti-depressants have failed. At present, there is no diagnosis of neuropathic pain or indication of first line agents for its use. When further looking at the topical compounds, the role of Flurbiprofen also would not be indicated. Guideline criteria and FDA recommendations only current recommend Diclofenac for topical use for anti-inflammatory purposes. The role of this topical agent that contains both Flurbiprofen and Lidocaine would thus not be indicated.