

Case Number:	CM14-0006685		
Date Assigned:	02/07/2014	Date of Injury:	03/25/2010
Decision Date:	07/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/17/2014

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 Internal Medicine, 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 56-year-old male with a 3/25/10 date of injury. His diagnoses are chronic bilateral shoulder pain status post-right shoulder arthroplasty, depression, hypertension, and possible airway active disease. He was seen on 12/10/13 with complaints of left shoulder loss of function and difficulty driving, as well as other activities of daily living, such as grooming and self hygiene. An MRI of the left shoulder was noted to reveal tendinosis, but no evidence of a rotator cuff tear. Exam findings revealed tenderness over the left trapezius and bicipital groove of the left shoulder. Range of motion was normal with some discomfort at extreme ranges of motion, and the joint was noted to be stable with negative impingement signs. Treatment to date has been physical therapy, medications, psychotherapy, aquatic therapy, a home exercise program, and a cortisone injection to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25%/LIDO 5% IN LIPODERM BASE 120GM: Overturned

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, other muscle relaxants, gabapentin, and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This topical medication contains Flurbiprofen which is an NSAID not approved for topical use, and topical lidocaine which is also not approved for topical use in a cream or gel formulation. As such, the request is not medically necessary.