

Case Number:	CM14-0008748		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	08/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 31-year-old female who reported injury on 08/07/2012. The mechanism of injury was cumulative trauma. Prior therapies included activity modification, physical therapy, chiropractic care, and medication management. The injured worker had been utilizing topical medications since at least 12/06/2012. Last current documentation submitted for review was dated 05/23/2013. Per the PR2 of that date, the injured worker was experiencing neck pain, right shoulder pain with occasional right wrist and hand pain as well as bilateral knee pain, depression and insomnia. The diagnoses included cervical disc protrusion, right shoulder bicipital tenosynovitis, right carpal tunnel syndrome, right wrist internal derangement, bilateral knee internal derangement and sprain and strain, insomnia, and depression. The treatment plan included medications and compounded topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Flubi(NAP) Cream-LA 180gm, consisting of Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidocaine Indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FLURBIPROFEN; TOPICAL ANALGESICS; LIDOCAINE; ANTIDEPRESSANTS Page(s):

72; 111; 112; 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per Skolnick, P. (1999) while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 5 months at the time of examination. There was lack of documented efficacy for the requested medication. There was a lack of documentation indicating exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Compound Flubi (NAP) Cream-LA 180gm, consisting of Flurbiprofen 20%, Lidocaine 5%, and Amitriptyline 4% is not medically necessary.