

Case Number:	CM14-0011945		
Date Assigned:	02/21/2014	Date of Injury:	05/08/2012
Decision Date:	07/21/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 57-year-old male who has submitted a claim for disorder of bursae and tendons in shoulder region unspecified and rotator cuff tear associated with an industrial injury date of 5/8/2012. Medical records from 2013 were reviewed which revealed intermittent right shoulder pain. It was worse when in supine position. Physical examination of the shoulder showed pain with abduction above 130 degrees. Right shoulder pain was noted with elevation. Crepitus and tenderness were noted upon abduction and internal rotation of both shoulders. Impingement sign was positive. Treatment to date has included, physical therapy sessions. Medications taken include, Ibuprofen, Lidoderm, Lisinopril, Metoprolol Succinate ER, Nitroglycerine, Primidone, Proctosol-HC, Testosterone compounding cream and Voltaren Topical. Utilization review from 1/20/2014 denied the request for compound (CMPD) medication of Flurbipro/Cyclobenz/Lidocaine/Ethoxy LI/PCCA because topical medications have not been adequately proven with regards to overall efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

**POS CMPD-FLURBIPRO/CYCLOBENZ/LIDOCAINE/ETHOXY LI/PCCA DAY
SUPPLY: 30 QTY: 240 REFILLS: 1: 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Compound cream requested contains Flurbiprofen, Cyclobenzaprine and Lidocaine. Regarding Flurbiprofen component, CA MTUS supports a limited list of NSAID topicals, which does not include Flurbiprofen. Regarding Cyclobenzaprine component, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Regarding Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for compound medication of Flurbipro/Cyclobenz/Lidocaine/Ethoxy LI/PCCA for a 30-day supply, qty: 240 with one refill are not medically necessary.