

Case Number:	CM14-0013451		
Date Assigned:	02/26/2014	Date of Injury:	06/13/2009
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 Illinois. 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 46-year-old male with a reported date of injury on 06/13/2009. The mechanism of injury was not provided within the documentation available for review. According to the clinical note dated 01/15/2004, the injured worker presented with right shoulder pain rated at 4/10. Previous x-rays of unknown date revealed right shoulder and right humerus impingement syndrome. Within that clinical note, it indicates that the injured worker received intra-articular cortisone injection to the right shoulder, the results of which were not provided within the documentation available for review. On physical examination, it was noted that the injured worker had a limited range of motion in his right shoulder. Within the clinical documentation provided for review, it is indicated that the injured worker has been utilizing topical analgesics prior to 09/2009. The request for authorization for a compound medication, topical compound that included propylene, lidocaine, dimethyl, lip cream base, tramadol, gabapentin, and flurbiprofen #180 was submitted on 02/03/2014. The rationale for the request was not provided within the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: TOPICAL COMPOUND THAT INCLUDES PROPYLENE, LIDOCAINE, DIMETHYL, LIP CREAM BASE, TRAMADOL, GABAPENTIN AND FLURBIPROFEN #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram & Topical Analgesics Page(s): 93, 111-113.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as an option. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The use of these compounded agents required knowledge of the specific analgesic effect of each agent and how it would be useful for the specific therapeutic goal required. Flurbiprofen is a non-steroidal anti-inflammatory. The effectiveness in clinical trials with this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown to be superior during the first 2 weeks of treatment, but with diminishing effect over another 2 week period. In addition, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine whether creams, lotions, or gels, are indicated for neuropathic pain. Tramadol is a synthetic opioid affecting the central nervous system. Gabapentin is not recommended as a topical analgesic. According to the documentation provided for review, the injured worker has been utilizing topical analgesics since 2009. There is a lack of documentation related to increased functional ability related to the use of topical analgesics. The clinical information provided for review lacks documentation of functional deficits. The rationale for the request was not provided within that documentation available for review. In addition, the guidelines do not recommend topical NSAIDs over a period of two weeks, and lidocaine is not recommended outside the formulation of a dermal patch. The request as submitted failed to provide frequency, duration, or specific site at which the compound medication was to be utilized. Therefore, the request for a compound medication topical compound that includes propylene, lidocaine, dimethyl, lip cream base, tramadol, gabapentin and Flurbiprofen #180 is not medically necessary.