MAXIMUS Federal Services

Case Number:	CM14-0014524		
Date Assigned:	02/28/2014	Date of Injury:	11/29/2011
Decision Date:	08/04/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational 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:

The patient is a 46-year-old male who has submitted a claim for status post left shoulder arthroscopy two times and cervical sprain, associated with an industrial injury date of November 29, 2011. Medical records from 2013 were reviewed. The progress report, dated 12/13/2013, showed residual neck pain radiating into the left forearm. There was occasional numbness in the two ulnar digits. There was persistent left shoulder pain. Physical examination revealed restricted range of motion for the cervical spine. There was some tenderness in the cervicothoracic junction. Spurling test caused neck pain. The left shoulder has limited range of motion with mild weakness with external rotation. There were no sensory or motor deficits present. Treatment to date has included left shoulder arthroscopy, chiropractic therapy and medications. Utilization review from 01/06/2014 denied the request for the purchase of compound 150gm Flurbiprofen, Lidocaine, Amitriptyline because Flurbiprofen and Elavil were oral medications with no FDA approval for topical use or proven benefit in that regard. No medications were listed so there was no indication the patient ever tried or failed either of these.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND 150 MG TOPICAL TIMES 20 DAYS NO NDC# 11/14/13 SCRIPT NO REFILLS FLURBIPROFEN (NSAID) LIDOCAINE (ANESTHETIC) AMITRIPTYLINE (ANTIDEPRESSANT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-127.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state, there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant, considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for 3 different topical medications. In addition, certain components of this compound are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Therefore, the request is not medically necessary.