

<b>Case Number:</b>	CM14-0118249		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/08/2000
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Medicine and is licensed to practice in Florida. 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 51 year-old female who reported an injury on 05/08/2000. The mechanism of injury was not provided. She had diagnoses of status post bilateral carpal tunnel release, a recurrent left carpal tunnel syndrome, possible recurrent right carpal tunnel syndrome, status post right rotator cuff exploration with subacromial decompression, lumbar sprain, spondylosis, with multiple level facet arthropathy, and terminal medicine diagnosis, chronic pain syndrome, psychological diagnosis, and status post left shoulder arthroscopy rotator cuff debridement with acute expiration. There were no diagnostic studies provided. Surgical history included right rotator cuff and left shoulder arthroscopy. On 06/24/2014, the injured worker was seen for increased bilateral shoulder pain. Her left shoulder bothered her the most. She continued with complaints of pain in her right shoulder as well as in the back. Upon examination of the left shoulder there was tenderness over the lateral aspect of the shoulder. Passive forward flexion was 140 degrees. She resists range of motion beyond this because of pain. There was significant pain and weakness elicited with testing in the supraspinatus tendons against resistance. Distant range of motion of strength was intact. Upon exam of the right shoulder passive forward flexion was 170 degrees with a mildly positive impingement sign. Strength globally was intact. With exam of the lumbar spine there was tenderness in the lower lumbar paravertebral musculature. Forward flexion was 60 degrees, extension was 10 degrees, and lateral bending was 30 degrees. Strength in the lower extremities was globally intact. She ambulated with the aid of a walker. The treatment plan was for the left shoulder to proceed with a cortisone injection. She was seeing another provider for pain management. She received a prescription for topical compound LF 520, Lidocaine 5% for Flurbiprofen 20% applied twice a day 120 gm with 2 refills. The request was for LF 520, Lidocaine 5% with Flurbiprofen 20%

with 2 refills. The rationale was for pain management. The request for authorization was dated 06/30/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LF520 ( Lidocaine 5%, Flurbiprofen 20%) with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-113, 56, 57.

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic. 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. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation noting that the injured worker cannot tolerate oral medications or that she had failed first-line of treatment. Lidocaine is not recommended as a cream, lotion, or gel. As such, the request is not medically necessary.