

Case Number:	CM14-0131712		
Date Assigned:	09/16/2014	Date of Injury:	07/21/2000
Decision Date:	10/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Pain Management and 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:

This 62 year-old patient sustained an injury on 7/21/2000 while employed by [REDACTED]. Request(s) under consideration include Flubiprofen 20% and Lidocaine cream. Diagnoses include bilateral frozen shoulder; upper extremity entrapment neuropathy; bilateral upper extremity CRPS, left upper extremity tremor; history of toxic epidermal necrolysis secondary to Topamax/ Gabapentin; history or visual loss/ amblyopia secondary to toxic medication exposure; sleep disorder; Diabetes mellitus; and s/p bilateral CTR/ right Guyon release; right ulnar nerve transposition with revision/ left cubital tunnel release. Conservative care has included therapy, medications, and modified activities/rest. Report of 7/21/14 from the provider noted the patient with ongoing severe pain in upper extremities with loss of function. Exam showed bilateral shoulder frozen with severe upper extremity weakness; left lower and bilateral upper extremity tremors. The request(s) for Topical Flubiprofen 20% and Lidocaine cream were non-certified on 7/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%: Upheld

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

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

Decision rationale: This 62 year-old patient sustained an injury on 7/21/2000 while employed by [REDACTED]. Request(s) under consideration include Flubiprofen 20% and Lidocaine cream. Diagnoses include bilateral frozen shoulder; upper extremity entrapment neuropathy; bilateral upper extremity CRPS, left upper extremity tremor; history of toxic epidermal necrolysis secondary to Topamax/ Gabapentin; history or visual loss/ amblyopia secondary to toxic medication exposure; sleep disorder; Diabetes mellitus; and s/p bilateral CTR/ right Guyon release; right ulnar nerve transposition with revision/ left cubital tunnel release. Conservative care has included therapy, medications, and modified activities/rest. Report of 7/21/14 from the provider noted the patient with ongoing severe pain in upper extremities with loss of function. Exam showed bilateral shoulder frozen with severe upper extremity weakness; left lower and bilateral upper extremity tremors. The request(s) for Topical Flubiprofen 20% and Lidocaine cream were non-certified on 7/31/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical Flurbiprofen over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2000. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Flubiprofen 20% is not medically necessary and appropriate.

Lidocaine cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Lidoderm (Lidocaine patch), page 751

Decision rationale: This 62 year-old patient sustained an injury on 7/21/2000 while employed by [REDACTED]. Request(s) under consideration include Flubiprofen 20% and Lidocaine cream. Diagnoses include bilateral frozen shoulder; upper extremity entrapment neuropathy; bilateral upper extremity CRPS, left upper extremity tremor; history of toxic epidermal necrolysis secondary to Topamax/ Gabapentin; history or visual loss/ amblyopia secondary to toxic medication exposure; sleep disorder; Diabetes mellitus; and s/p bilateral CTR/ right Guyon release; right ulnar nerve transposition with revision/ left cubital tunnel release. Conservative care has included therapy, medications, and modified activities/rest. Report of 7/21/14 from the provider noted the patient with ongoing severe pain in upper extremities with loss of function. Exam showed bilateral shoulder frozen with severe upper extremity weakness;

left lower and bilateral upper extremity tremors. The request(s) for Topical Flubiprofen 20% and Lidocaine cream were non-certified on 7/31/14. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Lidocaine cream is not medically necessary and appropriate.