

Case Number:	CM14-0169522		
Date Assigned:	10/17/2014	Date of Injury:	04/10/2007
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old female with an injury date of 04/10/07. Based on the 06/06/14 progress report provided by [REDACTED] the patient complains of bilateral shoulder pain rated 8/10 on the right and 5/10 on the left. She is status post right shoulder arthroscopic surgery 01/10/11. She is currently taking Advil for pain and uses transdermal creams for inflammation and pain. The creams are FluriFlex and TGHOT, which are applied twice daily for immediate relief. Diagnosis 06/06/14- cervical discopathy- bilateral shoulder overuse tendinitis- right shoulder impingement syndrome- left carpal tunnel syndrome- Teres minor syndrome in the right upper extremity- status post right shoulder rotator cuff repair arthroscopic surgery 01/10/11- status post right carpal tunnel release 12/12/13- plantar arch partial tear with plantar fasciitis. The utilization review determination being challenged is dated that on 09/24/14. [REDACTED] is the requesting provider and he provided treatment reports from 04/11/14 - 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Flur/Diclo/Trama 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with bilateral shoulder pain rated 8/10 on the right and 5/10 on the left. The request is for Compound Cream: Flur/Dicto/Trama 180 gm. She is status post right shoulder rotator cuff repair arthroscopic surgery 01/10/11. Her diagnosis dated 06/06/14 includes bilateral shoulder overuse tendinitis and right shoulder impingement syndrome. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 is not recommended. in- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per progress report dated 06/06/14, this is TG HOT, which includes Gabapentin in its formulation. Gabapentin is a drug not recommended based on MTUS guidelines. Therefore, this request is not medically necessary.

Compound Cream: Flur/Cycl/Bac/ Lido 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with bilateral shoulder pain rated 8/10 on the right and 5/10 on the left. The request is for Compound Cream: Flur/Cycl/Bac/Lido 180gm. Per progress report dated 06/06/14, this is FluriFlex. She is status post right shoulder rotator cuff repair arthroscopic surgery 01/10/11. Her diagnosis dated 06/06/14 includes bilateral shoulder overuse tendinitis and right shoulder impingement syndrome. MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Requested topical ointment is not indicated by MTUS. Therefore, this request is not medically necessary.

