

Case Number:	CM14-0025065		
Date Assigned:	06/11/2014	Date of Injury:	05/14/1997
Decision Date:	08/12/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 injured worker of unknown age reported an injury on 05/22/1996, after falling from a tree. The injured worker had a history of left shoulder pain. The injured worker had a surgical history of an arthroscopic capsular shrinkage and debridement in 2002. He was also noted at that time to have severe arthritis. Per the clinical note dated 02/07/2011 revealed the left shoulder with a well-healed arthroscopic portals, as well as an anterior deltopectoral incision, tenderness over the bicipital groove, and mild tenderness over the AC joint. The 02/07/2011 note also revealed the right shoulder with range of motion of flexion 180/180 degrees, extension was 50 degrees, abduction was 170 degrees, and external rotation 90 degrees. The past treatments included ultrasound and x-rays. No medications or VAS scale was given. In 2003, the injured worker underwent a labral debridement of the posterior labrum, arthroscopic repair and debridement of the osteochondral defect, and removal of loose body. At that time, he also had a placement of a pain pump. In 2004, the injured worker underwent a left shoulder hemiarthroplasty. No diagnostics were available for review. Treatment plan included a ultrasound of the rotator cuff, and lab work. The Request for Authorization was not submitted within the paperwork. Rationale was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR FLURIFLEX CREAM #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 prescription for Fluriflex cream #180 is not medically necessary. The California MTUS Guidelines regarding topical analgesics indicate that any compound product that contains at least 1 drug is not recommended, is not recommend. Topical lidocaine is in the formulary of dermal patches has been designated as an 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. The documentation did not provide any .The Fluriflex cream is a compound topical cream that is not recommended by the California MTUS Guidelines. As such, it is not medically necessary.

ONE (1) PRESCRIPTION FOR TGICE CREAM #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 prescription for TGICE cream #180 is not medically necessary. The California MTUS Guidelines regarding topical analgesics indicate that any compound product that contains at least 1 drug is not recommended, is not recommend. Topical lidocaine is in the formulary of dermal patches has been designated as an 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. The documentation did not provide any .The TGICE cream is a compound topical cream that is not recommended by the California MTUS Guidelines. As such, it is not medically necessary.