

Case Number:	CM14-0033415		
Date Assigned:	06/20/2014	Date of Injury:	11/19/2010
Decision Date:	08/21/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male who reported an injury on 11/19/2010 secondary to pulling on a pipe wrench handle. His diagnoses include; cervical disc degeneration, cervical intervertebral disc displacement without myelopathy, shoulder pain, cervicgia, myalgia and myositis and depressive disorder, not elsewhere classified. Previous treatments for this injury were noted to include; medications and physical therapy. It was noted that the injured worker used Lidoderm and ibuprofen since at least 11/05/2013. At the most recent clinic visit on 02/12/2014, the injured worker reported intrascapular pain, left shoulder soreness and severely tender trapezius. His medications on that date were noted to include ibuprofen, Salonpas patches, Vicodin, Lidoderm patches and a compound pain lotion containing 10% Flurbiprofen, 10% Ketamine, 1% Cyclobenzaprine, 6% Gabapentin, 2% Lidocaine, And 2% Prilocaine. On physical examination, the injured worker was noted to have tenderness and tightness over the trapezius area as well as the biceps tendon and lateral subacromial tenderness of the left shoulder. He was also noted to have myofascial trigger points in multiple locations intrascapularly. The injured worker was recommended to continue with use of previous medications including Lidoderm patches, compound pain cream and ibuprofen. It was noted that the injured worker was unable to tolerate the side effects of oral Flexeril or gabapentin. The injured worker was also recommended for trigger point injections and an epidural steroid injection. A request was submitted for ibuprofen, Lidoderm patches, compound pain cream and Pennsaid solution. The medical records submitted for review failed to provide a Request For Authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. It was noted that the injured worker has used Lidoderm patches since at least 11/05/2013. There is lack of recent documented evidence and quantifiable pain relief and objective functional improvement with the worker's use of Lidoderm patches. Therefore, it cannot be determined that the injured worker would benefit significantly from ongoing use of Lidoderm patches at this time. Furthermore, the request as written does not include a dose, frequency or quantity. Therefore, it cannot be determined that the prescription has been prescribed in a safe and effective manner or that the request allows for timely re-assessment of medication efficacy. Therefore, the medical necessity of ongoing use of Lidoderm patches has not been established at this time. As such, the request for Lidoderm patches is not medically necessary and appropriate.

Compound Pain Cream: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The request as written does not specify the ingredients contained in the requested compound pain cream. The medical records submitted for review indicate that the injured worker has used a compounded topical cream containing flurbiprofen, Ketamine, cyclobenzaprine, gabapentin, Lidocaine, and Prilocaine. Lidoderm is the only topical formulation of lidocaine recommended by the evidenced based guidelines. The guidelines do not recommend gabapentin and cyclobenzaprine as a topical formulation as there is no peer review literature to support their use. The guidelines state that topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is a lack of documented evidence to indicate that all other treatments have been exhausted. The guidelines may recommend topical NSAIDS such as flurbiprofen for treatment of joints that are amenable to topical treatment. The guidelines state that there is little evidence to utilize topical NSAIDS for the treatment of osteoarthritis of the spine, hip or shoulder. The request as written does not specify a site for application. Therefore, it cannot be determined that the medication could be applied in an effective manner. The

guidelines state that any compounded product that contains at least 1 drug or drug class that is recommended is not recommended. As the injured worker's current topical medication contains at least 3 medications that are not recommended, the injured worker's current topical medication is not recommended. Furthermore, as the requested compound pain cream does not specify ingredients, a dose, a frequency or quantity, it cannot be determined that the requested medication has been prescribed in a safe and effective manner or that the request allows for timely re-assessment of medication efficacy. Therefore, the request for compound pain cream is not medically necessary and appropriate.

Pennsaid Solution: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The medical records submitted for review failed to provide a rationale for the request for Pennsaid solution. There is a lack of documented evidence to indicate that the injured worker has been treated previously with Pennsaid solution. The guidelines recommend topical NSAIDS for treatment of joints that are amenable to topical treatments such as the ankle, elbow, foot, hand, knee, or wrist. The guidelines state that there is little evidence to utilize topical NSAIDS for the treatment of the spine, hip or shoulder. The most recent clinical note indicated that the injured worker reported pain in the cervical spine and left shoulder. As topical NSAIDS are not recommended for treatment of the spine or shoulder, it cannot be determined that the medication will be applied in an effective manner. The request as written does not specify a site of application. Furthermore, the request as written does not specify a dose, frequency or quantity. Therefore, it cannot be determined that the requested medication has been prescribed in a safe and effective manner or that the request allows for timely re-assessment of medication efficacy. For the aforementioned reasons, the medical necessity of Pennsaid solution has not been established at this time. As such, the request for Pennsaid solution is not medically necessary and appropriate.