

Case Number:	CM14-0050950		
Date Assigned:	06/23/2014	Date of Injury:	01/19/2014
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 56-year-old female with a reported date of injury on 01/19/2014. The mechanism of injury was noted to be repetitive trauma. Her diagnoses were noted to include right shoulder impingement syndrome, right shoulder rule out rotator cuff tear, and cervical spine myofascial sprain/strain. Her previous treatments were noted to include medications. The progress note dated 02/28/2014 revealed the injured worker complained of right shoulder pain rated 7/10 to 8/10. The injured worker was taking Motrin, Prilosec and Norco, which helped decrease symptoms a little bit. The physical examination to the right shoulder revealed flexion was to 35 degrees, adduction was to 10 degrees, abduction was to 90 degrees, positive impingement syndrome, the injured worker was crying while trying to do the movements, and hard to measure because she had poor effort and would become tearful. The sensory examination was within normal limits. The provider indicated an offer of a Toradol injection, but the injured worker declined. The request for authorization form was not submitted within the medical records. The request for Xolido 2% pain relief cream #1 and Enova RX-ibuprofen 10% cream #1 is for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2 percent pain relief cream # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics(updated 03/10/2014).

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

Decision rationale: The request for Xolido 2 percent pain relief cream # 1 is non-certified. Xolido is the equivalent of lidocaine 2%. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants 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. Topical Lidoderm is not recommended for non-neuropathic pain. The Guidelines do not recommend Xolido (lidocaine) in any formulation other than a Lidoderm patch for neuropathic pain. The Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Xolido 2 percent pain relief cream # 1 is not medically necessary.

Enova RX-Ibuprofen 10 percent cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics(updated 03/10/2014).

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

Decision rationale: The request for Enova RX-Ibuprofen 10 percent cream #1 is non-certified. The injured worker was taking Motrin, Prilosec and Norco to decrease shoulder pain symptoms. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of a short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2

weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The Guidelines indication for topical NSAIDs is osteoarthritis and tendinitis, in particular, the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The Guidelines do not recommend topical NSAIDs for neuropathic pain, as there is no evidence to support use. The injured worker does not have a diagnosis of osteoarthritis to warrant topical NSAIDs and it is not recommended for the spine, hip, or shoulder. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Enova RX-Ibuprofen 10 percent cream #1 is not medically necessary.