MAXIMUS Federal Services

Case Number:	CM14-0051838		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2010
Decision Date:	10/14/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 09/21/2010. The mechanism of injury was not clearly provided. Her diagnoses were noted as status post arthroscopy of shoulder. The past treatment included physical therapy, medications, and home exercise program. There were no relevant diagnostic studies noted. Her surgical history included a L4-L5 laminectomy and discectomy on 03/21/2012 and a Left Arthroscopic Shoulder Surgery in 05/28/2013. On 03/27/2014, the injured worker complained of shoulder pain. Upon physical examination, she was noted to have pain that she rated a 2/10. Her medications were noted to be Norco and Ambien. The treatment plan was to continue the home exercise program, consider injection, and to continue activity modifications. A request was received for Compound-Flurbipo/Lidocaine/Amitriptyline/Pcca. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound- Flurbipo/Lidocaine/Amitriptyline/Pcca: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Amitriptyline Page(s): 111-112, 13.

Decision rationale: The request for Flurbipo/Lidocaine/Amitriptyline/Pcca is not medically necessary. The California MTUS Guidelines may recommend Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy. Amitriptyline is generally considered a first-line agent unless they are ineffective, poorly tolerates, or contraindicated. The efficacy in clinical trials for non-steroidal antinflammatory agents has been inconsistent and most studies are small and of short duration. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The injured worker rated her pain as a 2/10 during examination. In the absence of documentation with evidence of significant pain during evaluation, and objective functional deficits the request is not supported. Furthermore, the guidelines do not support the use of Lidocaine in a compounded product. In addition, as the request is written there is no dosage, frequency, or quantity provided. Therefore, the request is not medically necessary.