

Case Number:	CM14-0190756		
Date Assigned:	11/24/2014	Date of Injury:	03/02/2010
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

Injured worker (IW) sustained an industrial injury on 03/02/10. Diagnosis with request is listed as carpal tunnel syndrome. 01/10/14 QME report did not address medications. 06/03/14 office note documented complaints of neck pain and stiffness, as well as intermittent right shoulder pain. No objective evidence of neuropathic pain was documented. Impression was right shoulder s/p arthroscopic subacromial decompression and rotator cuff debridement and chronic cervical myofascial pain. IW expressed a desire to avoid oral medications, and was prescribed a compounded topical medication. No medical contraindication to oral medications was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, Flurbiprofen 20% BID-TID 120gms 2 refills: Upheld

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

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

Decision rationale: Lidocaine is a topical anesthetic. Fluriprofen is a nonsteroidal anti-inflammatory drug (NSAID). MTUS recommends topical Lidocaine as a second-line option for

treatment of neuropathic pain following trial of a first-line medication such as an antidepressant or antiepilepsy drug. MTUS does not recommend topical Lidocaine for treatment of nociceptive type pain. Lidoderm patch is the only form of Topical Lidocaine recommended by MTUS for treatment of chronic pain. No evidence of neuropathic pain is documented. Previous trial of a first-line medication for neuropathic pain or Lidoderm patch is documented. Medical necessity is not established for Topical Lidocaine. MTUS does not recommend topical NSAIDs for treatment of neuropathic pain and notes lack of evidence for effectiveness of topical NSAIDs for treatment of pain of the spine or shoulder. Intolerance to oral NSAIDs or failure of a trial of oral NSAIDs is not documented. Medical necessity is not established for use of a topical NSAID in this case. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because the requested compounded topical medication includes ingredients not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical medication.