

Case Number:	CM14-0198574		
Date Assigned:	12/08/2014	Date of Injury:	08/08/2012
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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:

The injured worker is a 64 year-old male, who was injured on August 8, 2012, while performing regular work duties. The mechanism of injury is not indicated in the records provided for this review. The injured worker is being treated for arthritis of the right hip and an impingement syndrome of the right shoulder. A physical examination on August 27, 2013, indicates there is no evidence of deformity of the right shoulder, the acromioclavicular joint has evidence of pain, and pain is present over the bicipital groove and subacromial bursa, the range of motion is restricted due to pain, impingement is positive; the injured worker has an antalgic gait which favors the right leg, and has decreased range of motion of the right hip with pain during internal and external rotation. An evaluation on November 19, 2013, indicates continued right hip pain that radiates to the knee, an x-ray is noted to have been done that shows degenerative arthritis. The x-ray result is not available for this review. The records do not indicate that the injured worker has had adverse effect from oral medications. There is no indication as to how or why the topical cream was prescribed, or how it is to be helpful to the injured worker. The records do not indicate that over-the-counter topical agents have been tried and/or failed. The request for authorization is for a compound topical cream dispensed. The primary diagnosis is disorder of joint in the pelvic region and thigh. On November 11, 2014, Utilization Review non-certified the request for a compound topical cream dispensed Flurbiprofen/Lidocaine/Menthol/Camphor, based on MTUS, Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for compound cream, Flurbiprofen/Lidocaine/Menthol/Camphor
DOS: 1/14/14: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Topical Analgesics

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Non-steroidal anti-inflammatory agents (topical): the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gel indicated for neuropathic pain. In this case, the injured workers working diagnoses are impingement syndrome of the left shoulder; and degenerative disease. Lidocaine in cream form is not indicated for neuropathic pain. Flurbiprofen is not FDA approved. Any compounded product that contains at least one drug (lidocaine in cream form and Flurbiprofen) that is not recommended, is not recommended. Consequently, the compounded product Flurbiprofen/Lidocaine/Menthol/Camphor is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Retrospective request for compound cream, Flurbiprofen/Lidocaine/Menthol/Camphor DOS: 1/14/14 is not medically necessary.