

Case Number:	CM14-0205201		
Date Assigned:	12/17/2014	Date of Injury:	11/26/2013
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female with a work injury dated 11/26/13. The diagnoses include right rotator cuff tear status post repair, brachial plexopathy; complex regional pain syndrome right upper extremity. Under consideration is a request for Flurbiprofen 10%/Cyclobenzaprine 1%/Lidocaine 2%/Prilocaine cream, quantity of one. There is a 10/14/14 progress note that states that the patient has burning pain in the right forearm, right arm and fingers. The patient has numbness, tingling, weakness in the right arm; skin sensitivity to light touch, muscle pain/weakness and paralysis. The pain increased with overhead reaching, gripping and grasping. She has had no change in symptoms since her injury. Pain medications gave moderate relief of pain She was able to attend only one of 8 hand therapy sessions. On physical exam her right shoulder lift-off test was positive. Tenderness to palpation in subdeltoid bursa was present. Grip strength 3/5 on the right and 5/5 on the left. 4/5 strength of right finger extensors and right shoulder abduction. Right shoulder flexion 120 degrees and abduction 90 degrees. Right hand dorsum was waxy appearing. Right index finger severely limited in flexion at PIP and DIP (less than 15 degrees). She was unable to flex/extend the thumb DIP. Right middle finger had 75% flexion at MCP, 25% at PIP and 10 degrees at DIP. Right fourth and fifth digits had 50% range of motion in all joints. Numbness right index and middle fingers completely and fourth digit medial portion numbness. The treatment plan was to continue Norco, Nortriptyline, trial of compounded cream, continued hand therapy, MRI of brachial plexus to evaluate for -hematoma or evidence of nerve injury, authorization for 30 minutes of record review for the initial visit for appropriate time spent reviewing records and establishing previous medical treatments and medical-legal history; off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Cyclobenzaprine 1%/Lidocaine 2%/Prilocaine cream, quantity of one:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56; 111-113.

Decision rationale: Flurbiprofen 10%/Cyclobenzaprine 1%/Lidocaine 2%/Prilocaine cream, quantity of one is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: 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. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines do not support topical Cyclobenzaprine topical cream or Lidocaine in cream form. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Due to the lack of support of both Cyclobenzaprine and topical Lidocaine in cream form the entire product is not medically necessary. There are no extenuating factors in the documentation submitted to deviate from guideline recommendations. Therefore, the request for Flurbiprofen 10%/Cyclobenzaprine 1%/Lidocaine 2%/Prilocaine cream, quantity of one is not medically necessary.