

Case Number:	CM14-0209386		
Date Assigned:	12/22/2014	Date of Injury:	08/10/1999
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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, 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:

This 56 year-old patient sustained an injury on 8/10/1999 while employed by [REDACTED]. Request(s) under consideration include Topical LF520; Lidocaine 5%, Flurbiprofen 20% cream quantity 120gm with 2 refills. Diagnoses include s/p left shoulder biceps tenotomy s/p left shoulder arthroscopy with SAD on 1/2/14; s/p right shoulder open exploration with lysis of adhesions and impingement release. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 10/14/14 from the provider noted the patient with increased left shoulder pain; currently not working; unable to tolerate oral pain medications due to side effects. Exam showed unchanged findings of left shoulder tenderness; passive flexion of 160 degrees with pain and weakness at supraspinatus tendon against resistance. The request(s) for Topical LF520; Lidocaine 5%, Flurbiprofen 20% cream quantity 120gm with 2 refills was non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical LF520; Lidocaine 5%, Flurbiprofen 20% cream quantity 120 gm with 2 refills:
Upheld

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

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

Decision rationale: This 56 year-old patient sustained an injury on 8/10/1999 while employed by [REDACTED]. Request(s) under consideration include Topical LF520; Lidocaine 5%, Flurbiprofen 20% cream quantity 120gm with 2 refills. Diagnoses include s/p left shoulder biceps tenotomy s/p left shoulder arthroscopy with SAD on 1/2/14; s/p right shoulder open exploration with lysis of adhesions and impingement release. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 10/14/14 from the provider noted the patient with increased left shoulder pain; currently not working; unable to tolerate oral pain medications due to side effects. Exam showed unchanged findings of left shoulder tenderness; passive flexion of 160 degrees with pain and weakness at supraspinatus tendon against resistance. The request(s) for Topical LF520; Lidocaine 5%, Flurbiprofen 20% cream quantity 120gm with 2 refills was non-certified on 11/11/14. Although it was noted the patient does not tolerate oral pain medications due to side effects, pre-operative medical clearance report of 1/17/14 noted patient taking oral Glipizide, Januvia, and Metformin tablets prescribed by other provider for treatment Diabetes Mellitus. There is no noted GI diagnosis or clinical findings. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The Topical LF520; Lidocaine 5%, Flurbiprofen 20% cream quantity 120 gm with 2 refills is not medically necessary and appropriate.