

Case Number:	CM15-0007073		
Date Assigned:	01/26/2015	Date of Injury:	01/21/2011
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 01/21/2011. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with left shoulder rotator cuff tear, left shoulder superior labrum anterior and posterior lesion, left shoulder synovitis, status post left shoulder arthroscopy, subacromial decompression, debridement, Mumford and rotator cuff repair. Treatment to date has included oral and topical medication regimen, above listed surgical procedures, physical therapy, home exercise program, and left shoulder injection. Currently, the injured worker complains of significant shoulder pain. The treating physician requested Flurbiprofen/Lidocaine cream for use to the left shoulder. On 12/26/2014 Utilization Review non-certified the requested treatments of Flurbiprofen/Lidocaine 30g and Flurbiprofen/Lidocaine 60g per 12/03/2014 noting the California Medical Treatment Utilization Schedule (07/18/2009) pages 111 to 113, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine 30g: Upheld

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

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

Decision rationale: The 12/03/14 report states that the patient presents with left shoulder pain s/p left shoulder arthroscopy date undetermined. The current request is for FLURBIPROFEN/LIDOCAINE 30G. The RFA is not included. As of 01/14/15 the patient is to return to full duty 01/14/15. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. MTUS guidelines page 112 state regarding Lidocaine, Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The 12/03/14 report states this medication is for temporary pain relief from inflammation of joint or other area amenable to topical treatment, and that the patient indicates a successful outcome of prior use of a topical NSAID. The reports provided show the patient has been prescribed this medication since at least 11/15/14. In this case, this NSAID Flurbiprofen topical cream is indicated for peripheral joint arthritis/tendinitis, and there is no documentation of this condition for this patient. Furthermore, Lidocaine is recommended only in patch form. Lacking recommendation by guidelines, the request IS NOT medically necessary.

Flurbiprofen/Lidocaine 60g: Upheld

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

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

Decision rationale: The 12/03/14 report states that the patient presents with left shoulder pain s/p left shoulder arthroscopy date undetermined. The current request is for FLURBIPROFEN/LIDOCAINE 60G. The RFA is not included. As of 01/14/15 the patient is to return to full duty 10/14/14. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. MTUS guidelines page 112 state regarding Lidocaine, Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The 12/03/14 report states this medication is for temporary pain relief from inflammation of joint or other area amenable to topical treatment, and that the patient indicates a successful outcome of

prior use of a topical NSAID. The reports provided show the patient has been prescribed this medication since at least 11/15/14. In this case, this NSAID Flurbiprofen topical cream is indicated for peripheral joint arthritis/tendinitis, and there is no documentation of this condition for this patient. Furthermore, Lidocaine is recommended only in patch form. Lacking recommendation by guidelines, the request IS NOT medically necessary.