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| Case Number: | CM15-0103478 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 03/29/2008 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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 62 year old, female who sustained a work related injury on 3/29/08. The diagnoses have included chronic low back pain, lumbar herniated disc, lumbar radiculopathy, cervical spine pain, disc protrusion and mild stenosis in cervical spine, cervical radiculopathy, right knee partial replacement, right shoulder pain with partial rotator cuff tear, status post right shoulder surgery, left knee meniscal tear and left shoulder supraspinatus tendon tear. Treatments have included oral medications, topical medicated cream, physical therapy, right knee surgery, bilateral shoulder surgeries and lumbar epidural injections. In the PR-2 dated 5/12/15, the injured worker complains of neck pain that radiates down the right arm with associated numbness. She also has pain radiating down left arm. She has bilateral shoulder pain. She has low back pain that radiates down both legs to mid calf, right worse than left. She has associated numbness and tingling in her legs. She has increased spasms in her legs. She has right knee pain. She had a flare-up of left knee pain with swelling 1-2 weeks ago. She used her pain medication and topical pain cream which was very effective in alleviating her pain. She only has pain in left knee with ambulation and with weight bearing on it. She has limited range of motion in both shoulders. She has positive impingement sign in left shoulder. She has tenderness throughout left shoulder. She has mild tenderness to palpation of the lumbar paraspinal muscles. She has decreased range of motion in lumbar spine. She has a positive straight leg raise with right leg. The treatment plan includes the continued use of topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Lidocaine Topical Cream x 1: 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 rationale: The patient was injured on 03/29/08 and presents with right/left knee pain, low back pain radiating down both legs to the mid calf, neck pain radiating down the right upper extremity with associated numbness, pain radiating down the left arm, and right/left shoulder pain. The request is for FLURBIPROFEN/CYCLOBENZAPRINE/LIDOCAINE TOPICAL CREAM X 1. The RFA is dated 05/15/15 and the patient is permanent and stationary. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. The patient is diagnosed with chronic low back pain, lumbar herniated disc, lumbar radiculopathy, cervical spine pain, disc protrusion and mild stenosis in cervical spine, cervical radiculopathy, right knee partial replacement, right shoulder pain with partial rotator cuff tear, status post right shoulder surgery, left knee meniscal tear, and left shoulder supraspinatus tendon tear. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, neither Cyclobenzaprine nor Lidocaine (in a non-patch form) are indicated for use as a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.