

<b>Case Number:</b>	CM15-0105833		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Emergency Medicine

### 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 53 year old female, who sustained an industrial injury on 1/13/14. Initial complaints of were not reviewed. The injured worker was diagnosed as having right shoulder chronic rotator cuff syndrome; left shoulder rotator cuff tear; right wrist triangular fibrocartilage complex (TFCC) tear with continued pain; right knee meniscal tear status post arthroscopy; right knee posttraumatic osteoarthritis; sleep disorder; status post right wrist surgery (4/2015). Treatment to date has included multiple surgeries; medications. Currently, the PR-2 notes dated 4/20/15 indicated the injured worker returns on this date as a follow-up visit for persistent pain in the left shoulder at 5/10 and the right shoulder 3/10. She also has pain in the bilateral wrists with the left rated at 3/10 and the right 7/10. She has pain in the right knee 4/10 that is frequent and the same. She is obtaining her pain medications from her surgeon, as she is status post right wrist surgery (4/2015) which is bandaged and sutured at this time. She is to see her surgeon the day after this visit and he will remove both. She reports the medications and rest make the pain better. Weather changes and activities make the pain worse. Physical examination of her bilateral shoulders reveals decreased range of motion. The right shoulder has flexion of 160 degrees, extension 40 degrees, abduction 160 degrees, adduction 40 degrees, internal rotation 60 degrees and external rotation 60 degrees. The left shoulder flexion is noted at 150 degrees, extension 40 degrees, abduction 150 degrees, adduction 40 degrees, internal rotation 70 degrees; external rotation is noted at 70 degrees. Palpation of the trapezius muscles revealed tenderness and hypertonicity bilaterally. Drop test was negative bilaterally. Neer's and Hawkin's impingement test were positive bilaterally. Muscle strength was 5/5 with flexion, extension, abduction,

adduction, internal rotation and external rotation bilaterally. No exam was done on the right wrist. The left wrist and hand revealed a slight decrease range of motion with decreased flexion of 50- degrees, extension 50 degrees, radial deviation 20 degrees and ulnar deviation 20 degrees. The grip strength was weak at 4+/5. Exam of the bilateral knees revealed decrease range of motion with the right knee flexion of 120 degrees, extension 0 degrees. The left knee flexion was 140 degrees and extension 0 degrees. Palpation of the quadriceps revealed tenderness bilaterally. Palpation of the hamstring revealed tenderness and hypertonicity on the right. McMurray's and patellofemoral grand tests were positive on the right. Muscle strength was 4/5 with flexion and 5/5 with extension on the right. The provider's treatment plan included a request for the follow-up post-operative visit notes for suture removal, aquatic therapy for the right knee to increase functionality and decrease pain, a request for PRP injection to the right knee. The provider also requested authorization for Flurbiprofen/lidocaine cream (20%/5%) 180gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen/lidocaine cream (20%/5%) 180gm:** Upheld

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

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

**Decision rationale:** The requested Flurbiprofen/lidocaine cream (20%/5%) 180gm is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has persistent pain in the left shoulder at 5/10 and the right shoulder 3/10. She also has pain in the bilateral wrists with the left rated at 3/10 and the right 7/10. She has pain in the right knee 4/10 that is frequent and the same. She is obtaining her pain medications from her surgeon, as she is status post right wrist surgery (4/2015) which is bandaged and sutured at this time. She is to see her surgeon the day after this visit and he will remove both. She reports the medications and rest make the pain better. Weather changes and activities make the pain worse. Physical examination of her bilateral shoulders reveals decreased range of motion. The right shoulder has flexion of 160 degrees, extension 40 degrees, abduction 160 degrees, adduction 40 degrees, internal rotation 60 degrees and external rotation 60 degrees. The left shoulder flexion is noted at 150 degrees, extension 40 degrees, abduction 150 degrees, adduction 40 degrees, internal rotation 70 degrees; external rotation is noted at 70 degrees. Palpation of the trapezius muscles revealed tenderness and hypertonicity bilaterally. Drop test was negative bilaterally. Neer's and Hawkin's impingement test were positive bilaterally. Muscle strength was 5/5 with flexion, extension, abduction, adduction, internal rotation and external rotation bilaterally. No exam was done on the right wrist. The left wrist and hand revealed a slight decrease range of motion with decreased flexion of 50- degrees, extension 50 degrees, radial deviation 20 degrees and ulnar deviation 20 degrees. The grip strength was weak at 4+/5.

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