

Case Number:	CM15-0107140		
Date Assigned:	06/11/2015	Date of Injury:	05/25/2011
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56-year-old female, who sustained an industrial injury on 5/25/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder pain, right shoulder tendinosis and deformity, right shoulder strain/impingement and status post right shoulder arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy, injections and medication management. In a progress note dated 4/29/2015, the injured worker complains of significant right shoulder pain. Physical examination showed positive impingement signs. The treating physician is requesting Flur-Lido-A Cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 360gm and Ultra Flex-G (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 360 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurLido-A Cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 360gm: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, FlurLido-A cream (Flurbiprofen 20%, lidocaine 5%, amitriptyline 5%, #360 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder pain; right shoulder tendinosis of the supraspinatus and infraspinatus tendons suggested of interstitial tear of the long head biceps tendon; right shoulder wedged shape deformity supero-lateral head of the biceps; right shoulder strain/impingement; and status post arthroscopy right shoulder August 14, 2014. The injured worker has significant persistent pain in the right shoulder. Acupuncture worsened the symptoms. Topical analgesics were prescribed on April 29, 2015. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Flurbiprofen is not FDA approved for topical use. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Topical flurbiprofen and lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, Flurlido-A cream (Flurbiprofen 20%, lidocaine 5%, amitriptyline 5% is not recommended. Based on the clinical information medical record and the peer-reviewed evidence-based guidelines, FlurLido-A cream (Flurbiprofen 20%, lidocaine 5%, amitriptyline 5%, #360 g is not medically necessary.

UltraFlex-G (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 360gm: 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 analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, UltraFlex-G (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%, #360 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder pain; right shoulder tendinosis of the supraspinatus and infraspinatus tendons suggested of interstitial tear of the long head biceps tendon; right shoulder wedged shape deformity supero-lateral head of the biceps; right shoulder strain/impingement; and status post

arthroscopy right shoulder August 14, 2014. The injured worker has significant persistent pain in the right shoulder. Acupuncture worsened the symptoms. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, Ultraflex-G (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%) is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, UltraFlex-G (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%, #360 g is not medically necessary.