

<b>Case Number:</b>	CM15-0132426		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, Pain Management

### 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 02/13/2013. Mechanism of injury occurred as she was reaching under her desk with her right arm to disconnect a radio, while her left hand was resting on the top of her desk when she heard a tearing sound coming from her left shoulder, and immediately experienced sharp and extreme pain in the left shoulder radiating down her arm and into her hand. Diagnoses include rotator cuff tear, status post left shoulder arthroscopy, adhesive capsulitis of the left shoulder. Treatment to date has included diagnostic studies, medications; status post left shoulder arthroscopy on 07/16/2014, and physical therapy. She is working full time 8 hours a day, 5 days a week. Her medications include Vicodin and Flurbiprofen with Lidocaine. A physician progress note dated 06/25/2015 documents the injured worker has left shoulder pain with restricted range of motion. She also has significant left elbow pain with limited range of motion. Her left shoulder is tender over the anterior rotator cuff. Traction on the left arm is uncomfortable. There is discomfort on abduction at 70 degrees and beyond and on forward flexion at 70 degrees and beyond. Her left elbow is tender over the medial and lateral epicondyle, and there is discomfort over the anterior aspect of the left elbow. Her elbow motion is smooth, with flexion 120 degrees, extension 40 degrees with the hand in supination, 30 degrees with the hand in pronation. The treatment plan includes continuation of exercises, ice at the end of the day, left elbow and hand exercises daily, and a repeat of the left shoulder and left elbow Magnetic Resonance Imagings. On 05/07/2015 a progress note documents the injured worker is status post left shoulder arthroscopy. She has complains of left shoulder pain which is 2-3 out of 10 at rest and it increases to 4-5 out of 10

with activity. She has left elbow pain and restriction. Treatment requested is for Flurbiprofen with Lidocaine 25 grams, 3 refills.

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

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

**Flurbiprofen with Lidocaine 25 grams, 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** Regarding the request for Flurbiprofen with Lidocaine 25 grams, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Thus, these guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested topical formulation which contains lidocaine is not medically necessary.