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| Case Number: | CM15-0136706 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 11/21/2010 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an industrial injury on 11/21/2010. She reported cumulative trauma injury to her neck, right shoulder, back, gastrointestinal system and nervous system. Treatment to date has included physical therapy, medications and shoulder surgery. According to a progress report dated 06/08/2015, chief complaints included neck, lower back and bilateral shoulder pain. Subjective complaints included persistent pain in the neck rated 9 on a scale of 1-10 that radiated to the right shoulder. Lower back pain was rated 7 and was constant and radiated to the mid back. Right shoulder pain was rated 9 and left shoulder pain was rated 6 due to compensation. Pain was made better with rest and medication. Ibuprofen helped bring her pain from 6 or 9 down to 4 or 5 which allowed her to continue working. Pain was made worse with activities. She was currently working. Diagnoses included right shoulder rotator cuff tear, status post right shoulder rotator cuff repair x 2, chronic cervical strain and chronic lumbar strain. Due to slight gastrointestinal upset with oral non-steroidal anti-inflammatory drugs, the provider felt that the injured worker would benefit from topical analgesics. The treatment plan included Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%), apply a thin layer 2-3 times a day or as directed. Currently under review is the request for Flurbiprofen/Baclofen/Lidocaine cream (20 %/5%/4%) 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20 percent/5 percent/ 4 percent) 180gm: 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 rationale: Flurbiprofen is an NSAID. According to the MTUS, topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs are indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment which includes the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Topical NSAIDs are not recommended for greater than 4-12 weeks. It is not clear in this case, where the topical analgesic is to be applied, but none of the conditions in the record including neck, shoulder or low back pain are areas that have been evaluated for the use of topical NSAIDs. Baclofen is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. Topical Lidocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as Gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no evidence from the record that this worker has neuropathic pain or if so, that there has been a trial of first line therapy. The only formulation of Lidocaine that is indicated for neuropathic pain is the patch. In this case, a cream is being used. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this compounded product is not medically necessary.