

Case Number:	CM15-0141048		
Date Assigned:	07/30/2015	Date of Injury:	03/05/2014
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

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 28 year old male, who sustained an industrial injury on 3-5-14. The injured worker has complaints of bilateral shoulder pain right greater than left. The diagnoses have included other affections of shoulder region, not elsewhere classified. Treatment to date has included medications; physical and manipulating therapy; injections; magnetic resonance imaging (MRI) of the left shoulder on 4-3-14 showed mild acromioclavicular osteoarthritis; supraspinatus tendinitis and infraspinatus tendinitis; magnetic resonance imaging (MRI) of right shoulder on 4-5-14 showed fluid in the shoulder joint, which may be physiologic but could indicate an effusion; anterior capsulitis and sprain and acromion type 11; magnetic resonance imaging (MRI) of the right elbow on 4-12-14 showed lateral epicondylitis. The request was for flurbi (Nap) cream LA 180gm (flurbiprofen 20%-lidocaine 5%-amitriptyline 5%).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi (Nap) cream LA 180gm (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%):
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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant does not have arthritis or the above diagnoses and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. There is insufficient evidence for the use of topical antidepressants such as Amitriptyline. The claimant was also on other oral analgesics with mention of reduction in use. The compound in question is not medically necessary.