

Case Number:	CM15-0169443		
Date Assigned:	09/10/2015	Date of Injury:	02/28/2008
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 50 year old male, who sustained an industrial injury on 02-28-2008. The injured worker is currently temporarily totally disabled. Current diagnoses include right shoulder rotator cuff tear, bursitis, and osteoarthritis per MRI dated 10-04-2014, status post left ankle open reduction and internal fixation and subsequent hardware removal with residual tenosynovitis, and left ankle tarsal tunnel syndrome. Treatment and diagnostics to date has included left ankle surgery, physical therapy, and medications. In a progress note dated 07-27-2015, the injured worker reported pain in the right shoulder (rated 6 out of 10 on the pain scale) and left ankle (rated 3 out of 10) which has remained the same since his last visit. Objective findings included tenderness to palpation with restricted range of motion to right shoulder and left ankle and positive impingement and supraspinatus tests to right shoulder. The Utilization Review with a decision date of 08-03-2015 denied the request for Flurbiprofen-Lidocaine-Amitriptyline compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Compound Cream Flurbi (NAP) Cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm (DOS: 06/10/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 02/28/08 and presents with pain in his right shoulder and left ankle. The request is for Retrospective: Compound cream Flurbi (NAP) cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gm (DOS: 06/10/2015). The RFA is dated 07/27/15 and the patient is temporary totally disabled. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical Baclofen." The patient is diagnosed with right shoulder rotator cuff tear, bursitis, and osteoarthritis per MRI dated 10-04-2014, status post left ankle open reduction and internal fixation and subsequent hardware removal with residual tenosynovitis, and left ankle tarsal tunnel syndrome. Treatment and diagnostics to date has included left ankle surgery, physical therapy, and medications. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Lidocaine (non-patch form), nor Amitriptyline are indicated for topical cream. The requested topical cream IS NOT medically necessary.