

Case Number:	CM15-0180042		
Date Assigned:	09/21/2015	Date of Injury:	04/09/2015
Decision Date:	10/26/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52 year old male who sustained an industrial-work injury on 4-9-15. He reported initial complaints of right elbow pain and right shoulder. The injured worker was diagnosed as having closed fracture of shaft of clavicle and right shoulder impingement syndrome. Treatment to date has included medication. Currently, the injured worker complains of right shoulder and elbow pain. Per the primary physician's progress report (PR-2) on 6-26-15, exam noted right shoulder tenderness and deformity, decreased range of motion and positive impingement signs, and degenerative changes of the AC (acromioclavicular) joint. The Request for Authorization requested service to include flurbiprofen 20%/lidocaine 5% 240gm and lidocaine 6%/gabapentin 10%/ketoprofen 10% 240gm. The Utilization Review on 9-9-15 denied the request for topical application of compound if one or more drug is not recommended, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5% 240gm: 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 CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while all other topical formulations of lidocaine are not recommended. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, per the cited MTUS guidelines, the request for flurbiprofen 20%/lidocaine 5% 240gm cannot be considered medically necessary.

Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% 240gm: 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 CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while all other topical formulations of lidocaine are not recommended. Furthermore, gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical cream containing lidocaine 6%/gabapentin 10%/ketoprofen 10% 240gm cannot be deemed medically necessary and appropriate.