

Case Number:	CM15-0183345		
Date Assigned:	09/24/2015	Date of Injury:	12/14/2011
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 73 year old male who sustained an industrial injury on 12-14-11. The injured worker reported left shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for impingement of shoulder and degenerative arthritis acromioclavicular joint. Provider documentation dated 9-10-15 noted the work status as retired. Treatment has included exercise, ice and Flector patches since at least February of 2015. Objective findings dated 9-10-15 were notable for atrophy of the let deltoid and posterior shoulder joint muscles. The original utilization review (9-16-15) denied a request for Retrospective Flurbiprofen 25% 7.5 grams, Lidocaine 5% 1.5 grams, Ultraderm base 21 grams for date of service 7-16-15 and Retrospective Flurbiprofen 25% 15 grams, Lidocaine 5% 3 grams, Ultraderm base 42 grams for date of service 7-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25% 7.5gms, Lidocaine 5% 1.5gms, Ultraderm base 21gms for DOS 7/16/15: 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: Regarding the request for Retrospective Flurbiprofen 25% 7.5gms, Lidocaine 5% 1.5gms, Ultraderm base 21gms for DOS 7/16/15, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical 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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Retrospective Flurbiprofen 25% 7.5gms, Lidocaine 5% 1.5gms, Ultraderm base 21gms for DOS 7/16/15 is not medically necessary.

Retrospective Flurbiprofen 25% 15gms, Lidocaine 5% 3gms, Ultraderm base 42gms for DOS 7/24/15: 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: Regarding the request for Retrospective Flurbiprofen 25% 15gms, Lidocaine 5% 3gms, Ultraderm base 42gms for DOS 7/24/15, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical 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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Retrospective Flurbiprofen 25% 15gms, Lidocaine 5% 3gms, Ultraderm base 42gms for DOS 7/24/15 is not medically necessary.