

Case Number:	CM15-0188513		
Date Assigned:	09/30/2015	Date of Injury:	02/02/2009
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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: Preventive Medicine, Occupational 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:

This 63-year-old female sustained an industrial injury on 2-2-09. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain and bilateral shoulder adhesive capsulitis. The injured worker underwent cervical spine surgery on 2-6-14 and left shoulder surgery on 2-15-15. The injured received postoperative physical therapy and medications. In a PR-2 dated 7-29-15, the injured worker complained of bilateral shoulder and neck pain, rated 5 to 6 on the visual analog scale. Physical exam was remarkable for cervical spine with grade 2 tenderness to palpation over the paraspinal musculature with spasms and "restricted" range of motion and bilateral shoulders with grade 2 tenderness to palpation, restricted range of motion and positive supraspinatus and Codman's drop arm tests. The treatment plan included physical therapy for the cervical spine and left shoulder with massage and prescriptions for Lunesta and Flurbi cream. On 8-27-15, Utilization Review non-certified a request for topical compound cream: Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical: Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%, 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) updated 7/15/15- Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of anti-depressant and anti-convulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of Amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for compound topical: Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%, 180gm is not medically necessary.