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| Case Number: | CM15-0189353 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 05/06/2014 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male, who sustained an industrial injury on 5-06-2014. The injured worker is being treated for non-displaced fracture of the greater tuberosity left shoulder, traumatic intrasubstance tearing supraspinatus tendon with possible tear of bursal sided fibers and residual impingement syndrome left shoulder. Treatment to date has included diagnostics and medications. Per the Doctor's First Report of Occupational Injury or Illness dated 9-02-2015 the injured worker reported left shoulder pain and popping with movement, decreased range of motion and decreased strength. Symptoms are alleviated by ibuprofen 600mg. Objective findings of the left shoulder included pain upon palpation of the supraspinatus tendon and anterolateral portion of the humeral head. Ranges of motion were decreased upon abduction, flexion, and internal and external rotation. Work status was modified. The plan of care included, and authorization was requested on 9-07-2015 for cortisone injection to the left shoulder subacromial space, acupuncture (2x4) for the left shoulder, Celecoxib 200mg #30 and Flurbiprofen 20%; Lidocaine 5%; Amitriptyline 5% compound cream. On 9-15-2015, Utilization Review non-certified the request for the Flurbiprofen 20%; Lidocaine 5%; Amitriptyline 5% compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound transdermal cream (unspecified strength and quantity): 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 claimant sustained a work injury in May 2014 with a traction injury to the left shoulder as he was exiting from a forklift. An MRI of the shoulder showed findings of a possible greater tuberosity fracture and rotator cuff tendinosis. When seen, he had frequent, burning pain. He had popping with movement and decreased motion and strength. Physical examination findings included anterolateral humeral head pain on palpation with decreased range of motion and strength. Celebrex and topical compounded cream was prescribed and authorization for a cortisone injection was requested. FluriNap Cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac and an oral NSAID, Celebrex was also prescribed which is duplicative. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. His response to the Celebrex should be assessed prior to prescribing a topical medication. The requested medication is not considered medically necessary.