

Case Number:	CM15-0193169		
Date Assigned:	10/07/2015	Date of Injury:	12/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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 55 year old male, who sustained an industrial injury on 12-01-2013. He has reported subsequent right elbow and upper extremity pain and was diagnosed with bursitis of the elbow, right lateral epicondylitis, biceps tendonitis on the right and right elbow degenerative arthritis. Treatment to date has included pain medication, application of heat and ice, massage and occupational therapy. Medical documentation shows that Flurbiprofen-Lidocaine in lipoderm base was prescribed since at least 12-2014 although a 12-29-2014 utilization review notes that this medication had been prescribed since at least 07-29-2014. In a progress note dated 02-04-2015, the injured worker reported severely increased symptoms since returning to regular duty. The injured worker reported significant swelling and pain in both arms radiating throughout the forearms and causing pressure on the elbows with pain in the left hand that was noted to be unchanged. Pain was rated as 8-9 out of 10. The physician noted that the injured worker was not using elbow straps at work as was recommended. Objective examination findings revealed moderate, localized tenderness over the anterolateral border of the acromion and over the long head of the biceps on the right and pain in the right shoulder, infraspinatus, supraspinatus and upper trapezius, 2+ tenderness over the right lateral condyle, right radius, lateral epicondyle and medial epicondyle pain, positive Tennis elbow test and moderate generalized tenderness over the left anatomic snuffbox, dorsal aspect and radial aspect. Work status was documented as modified. The injured worker was noted to be taking oral non-steroidal anti-inflammatory medication which was noted to help relieve right shoulder pain. A urine drug screen performed that day showed that the report was inconsistent with prescribed medication

and that Tramadol was reported as prescribed but was not detected in the sample but it was not noted that the injured worker was taking Tramadol at the time. The physician noted that topical pain medications were being prescribed "to reduce impact on patient's GI." A request for authorization of retrospective Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical cream, 30gm tube for DOS 2-4-15, retrospective Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical cream, 120gm tube for DOS 2-4-15 and retrospective on site collection - off site confirmatory analysis using high complexity laboratory test protocols including GC-MS, LC-MS, and Elisa technology for medication compliance for DOS 2-4-15 was submitted. As per the 09-02-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical cream, 30gm tube for DOS 2/4/15: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Lidocaine medication for this chronic 2013 injury with diffuse pain symptoms without improved functional outcomes attributable to their use since at least July 2014. The Retrospective Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical cream, 30gm tube for DOS 2/4/15 is not medically necessary and appropriate.

Retrospective Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical cream, 120gm tube for DOS 2/4/15: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Lidocaine medication for this chronic 2013 injury with diffuse pain symptoms without improved functional outcomes attributable to their use since at least July 2014. The Retrospective Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical cream, 120gm tube for DOS 2/4/15 is not medically necessary and appropriate.

Retrospective on site collection / off site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS, and Elisa technology for medication compliance for DOS 2/4/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Per MTUS Guidelines, drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent drug screening. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant drug screening and place the patient in a higher risk level; however, none are provided. The Retrospective on site collection/off site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS, and Elisa technology for medication compliance for DOS 2/4/15 is not medically necessary and appropriate.