

Case Number:	CM15-0205107		
Date Assigned:	10/22/2015	Date of Injury:	09/05/2011
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, California

Certification(s)/Specialty: 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 female who sustained an industrial injury on 09-05-2011. According to a progress report dated 06-30-2015, the injured worker had a chronic intractable pain condition with her cervical spine. She had previously had cervical fusion surgery at C6-C7 but still had advanced cervical degenerative disc disease at different levels. She also had chronic bilateral shoulder pain with a previous history of shoulder surgery. She reported that she had a CT scan of the left shoulder and was recommended for possible left shoulder replacement. She continued to rely on medications to help her through her days. She found her regimen to be helpful in controlling her symptoms and keeping her functional. She was authorized to attend a consultation for a chronic pain rehab program. Overall pain was rated 5-6 on a scale of 0-10 with medication. Current medications included Oxycodone, Lyrica, Baclofen, Ambien and topical compound cream Flurbiprofen. Diagnoses included status post C6-7 cervical fusion with persistent cervicgia, advanced cervical degeneration with C3-4 cervical disc protrusion and right neuroforaminal narrowing, right cervical radiculitis, bilateral shoulder internal derangement status post-surgery with recurrent shoulder pain right worse than left and chronic pain syndrome. The treatment plan included Oxycodone, Ambien, Soma, topical compound cream consisting of Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5 %. A request for authorization dated 07-07-2015 was submitted for review. The requested services included Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5 % 240 Grams 30 day supply apply 1 and 2 grams 3 and 4 times a day. The patient's surgical history includes right shoulder surgery and cervical fusion. Per the note dated 11/19/15 the patient had complaints of pain in neck, shoulder and wrist. Physical

examination of the cervical spine revealed tenderness on palpation, limited range of motion, muscle spasm, diminished sensation in upper extremity. The patient has had a history of heart burn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent 240 Grams 30 Day Supply Apply 1 and 2 Grams 3 and 4 Times a Day: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent 240 Grams 30 Day Supply. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The patient is already certified for Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." As per cited guideline "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." The medication Flurbiprofen is a NSAID. Per the cited guidelines, "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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine, Lidocaine and Flurbiprofen are not recommended by MTUS. The medical necessity of the medication Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent 240 Grams 30 Day Supply is not fully established in this patient.