

Case Number:	CM15-0020478		
Date Assigned:	02/10/2015	Date of Injury:	03/14/2012
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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: Internal 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 64 year old male sustained an industrial injury on 3/14/12, with subsequent ongoing cervical spine, lumbar spine, bilateral shoulder and left hand pain. No recent magnetic resonance imaging was available for review. In a PR-2 dated 12/31/14, the injured worker complained of pain 5/10 on the visual analog scale to the cervical spine, lumbar spine and left hand and 9/10 to bilateral shoulders. The physician noted that the pain was consistent with previous visits. The physician noted that the pain was made better with rest and medications. The injured worker had been using Ibuprofen but reported that it aggravated his stomach slightly and he did not like to take it often. Physical exam was remarkable for cervical spine with tenderness to palpation, decreased range of motion, positive Spurling's bilaterally, positive cervical compression, decreased strength and sensation, bilateral shoulders with decreased range of motion and tenderness to palpation at the acromioclavicular joint, lumbar spine with slight decreased range of motion, tenderness to palpation and positive Kemp's sign bilaterally. Current diagnoses included cervical multilevel disc protrusions with bilateral neuroforaminal stenosis, lumbar spine sprain/strain with radiation of pain to the left lateral lower extremity, right shoulder partial thick rotator cuff tear, status post left shoulder arthroscopy and rotator cuff repair. The treatment plan included requesting Flurbiprofen/Lidocaine cream as the injured worker stated Ibuprofen upset his stomach. On 1/18/15, Utilization Review noncertified a request for Flurbiprofen/Lidocaine cream 20%/ 5% 180gm citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine cream 20%/ 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. MTUS guidelines do not support the use of topical NSAIDs. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for a Flurbiprofen / Lidocaine

cream is not supported by MTUS guidelines. Therefore, the request for a Flurbiprofen / Lidocaine cream is not medically necessary.