

Case Number:	CM15-0021383		
Date Assigned:	02/10/2015	Date of Injury:	12/14/2012
Decision Date:	03/26/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/04/2015

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, Indiana, New York
 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:

The injured worker is a 41 year old female, who sustained an industrial injury on 12/14/12. She has reported repetitive shoulder, elbow and wrist injuries while working as a psychiatric technician at a prison reaching up for the medication cart. The diagnoses have included strain both shoulders, strain both elbows and strain both wrist and hands. Treatment to date has included medications, diagnostics, steroid injections, conservative measures and Home Exercise Program (HEP). Currently, the injured worker complains of more pain in the right shoulder with tightness in the upper arm and more pain in the medial aspect of both elbows along the flexor tendon sides of both elbows. She has not had significant change in activity and the flector patches she was given have not given her any relief of pain. Physical exam revealed moderate tightness in the posterior/superior shoulder girdle muscles. There was tenderness at the rotator cuff anteriorly. The elbows had significant localized tenderness rated 3-4/10 in pain on the right and 2-3/10 on the left. There was grade I crepitation at the flexor tendons in both the left and right forearm. There was tenderness over the dorsal aspect of both wrists. There was tenderness along the extensor tendons bilaterally without crepitation on the right or left extensor tendon. She had been given a steroid injection previously without much pain relief. Treatment was daily bilateral shoulder, elbow, wrist and hand exercises, ice to bilateral shoulder, elbow, wrist and hands as needed for swelling, prescription for Lidocaine patches to the medial epicondylar regions bilaterally and a muscle relaxant. Work status was to return to full duty on 12/18/14. On 2/3/15 Utilization Review non-certified a request for Flurbiprofen 25%/Lidoderm 5% (30gm) QTY: 1.00 and Flurbiprofen 25%/Lidoderm 5% (120gm) QTY: 4.00, noting that there were no

compelling reasons provided to override the cited guidelines that are not supportive. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Lidoderm 5% (30gm) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25% and Lidoderm 5% 30 g. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are sprained right elbow; sprain forearm; and sprain shoulder. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Additionally, the medical record indicates the treating physician was going to prescribe lidocaine patches, however, the request for authorization is for Lidoderm 5% 30 g. Lidoderm 5% does not come in a 30 g preparation. Consequently, absent compelling clinical documentation and guideline recommendations to support the use of Flurbiprofen 25% and Lidoderm 5% 30 g, Flurbiprofen 25% and Lidoderm 5% 30 g is not medically necessary.

Flurbiprofen 25%/Lidoderm 5% (120gm) QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25% and Lidoderm 5% 120 g. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are sprained right elbow; sprain forearm; and sprain shoulder. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Additionally, the medical record indicates the treating physician was going to prescribe lidocaine patches, however, the request for authorization is for Lidoderm 5% 120 g. Lidoderm 5% does not come in a 120 g preparation. Consequently, absent compelling clinical documentation and guideline recommendations to support the use of Flurbiprofen 25% and Lidoderm 5% 120 g, Flurbiprofen 25% and Lidoderm 5% 120 g is not medically necessary.