

Case Number:	CM15-0021789		
Date Assigned:	02/11/2015	Date of Injury:	03/19/2013
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii
 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 52 year old male, who sustained an industrial injury on March 19, 2013. The injured worker has reported right shoulder pain. The diagnoses have included right shoulder rotator cuff tear status post repair, right shoulder biceps tendinosis, status post biceps tendon repair in 2013 and a left elbow tendonitis secondary to compensatory factors. Treatment to date has included pain medication, MR Arthrogram, urine toxicology screening and physical therapy. Current documentation dated December 22, 2014 notes that the injured worker complained of persistent right shoulder and right biceps pain rated at a seven out of ten on the Visual Analogue Scale. The pain was noted to be unchanged from the prior visit. Physical examination of the right shoulder revealed a decreased range of motion. Hawkins's and Neer's impingement signs were positive. On January 21, 2015 Utilization Review non-certified a request for Flurbuprofen 20% and Lidocaine 5 % 180 GM. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Flurbuprofen 20% and Lidocaine 5 % 180 GM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, lidocaine 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(s): 111-113.

Decision rationale: The patient presents with pain in the right shoulder and right bicep. The current request is for Flurbiprofen 20%, lidocaine 5%, 180gm. The treating physician states, He rates [his pain] at 7/10 on a scale of 1 to 10; it is frequent and about the same since his last visit. The pain is much better with rest and medication. I would also like to request authorization for the Flurbiprofen/Lidocaine cream in an attempt to wean him from the Norco as he cannot take oral NSAIDS, and also, to keep him working decreased his pain and increase functionality. (B.54/55) The MTUS guidelines on page 112 states, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS goes on to say that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient complains of shoulder pain and is unable to take oral NSAIDS. The current request is not supported by the MTUS guidelines as it is not recommended for treatment of the shoulders. The current request is not medically necessary and the recommendation is for denial.