

<b>Case Number:</b>	CM15-0027513		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	04/11/2002
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 63 year old female, who sustained an industrial injury on 4/11/2002. The current diagnoses are status post right shoulder rotator cuff repair, residual right upper arm pain, and associated trapezius trigger point pain. Currently, the injured worker complains of constant cervical spine and right shoulder pain. The pain is rated 7/10 on a subjective pain scale. Current medications are Norco and Soma. The physical examination of the cervical spine reveals tenderness in the midline and paraspinal with hypertonic paraspinal and trapezius muscles. Cervical compression test is positive. Spurling's sign is positive on the right. Treatment to date has included medication, physical therapy, chiropractic, and surgery. The treating physician is requesting Flurbiprofen/Lidocaine Cream (20%/5%) 180mg and urine toxicology screen, which is now under review. On 1/28/2015, Utilization Review had non-certified a request for requesting Flurbiprofen/Lidocaine Cream (20%/5%) 180mg and urine toxicology screen. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

### 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%) 180mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** Per the 01/20/15 report the patient presents with continuous right sided neck pain radiating to the right shoulder and upper back s/p right shoulder arthroscopy in 2013. The current request is for FLURBIPROFEN/LIDOCAINE CREAM 20%/5% 180gm per the 01/15/15 RFA. The reports do not state if the patient is currently working. MTUS guidelines page 112 state regarding Lidocaine, "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." MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "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." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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 reports provided for review do not discuss the intended use of this medication. The patient's diagnoses include s/p right shoulder rotator cuff repair and right cervical radiculopathy. In this case, the requested topical compounded cream contains Flurbiprofen. Topical NSAIDs are indicated for peripheral joint arthritis tendinitis and there is no clinical evidence provided for this condition. Furthermore, Topical Lidocaine is approved for neuropathic pain only in patch form. Therefore, the request IS NOT medically necessary.

**Urine Toxicology Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 7th Edition (WEB) current year, Pain, Urine Drug Testing, Criteria for use of urine drug testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** Per the 01/20/15 report the patient presents with continuous right sided neck pain radiating to the right shoulder and upper back s/p right shoulder arthroscopy in 2013. The current request is for URINE TOXICOLOGY REPORT per the 01/05/15 RFA. The reports do not state if the patient is working. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The reports

provided for review show the patient started opioids 10/09/14. A UDS was collected 10/09/14 that does not show the presence of opioids and this request appears to be for the treatment date of 01/08/15. Although the treater does not discuss opiate risk assessment, a test within the first 6 months following a negative test on starting the medication is reasonable. The utilization review does not reference frequent UDS use. There is no evidence that UDS's are over-utilized. The request IS medically necessary.