

Case Number:	CM15-0211493		
Date Assigned:	10/30/2015	Date of Injury:	01/24/2006
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old male, who sustained an industrial injury on 1-24-2006. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee meniscal tears, bilateral shoulder rotator cuff tendinitis, and bilateral shoulder contusion. On 9-14-2015, the injured worker reported occasional soreness at the anterior right shoulder joint and some left shoulder discomfort. The Primary Treating Physician's report dated 9-14-2015, noted the injured worker was continuing to perform right shoulder exercises and was attending physical therapy. The physical examination was noted to show very slight atrophy of the right shoulder girdle muscles and deltoid with no instability on right stressing. The treatment plan was noted to include continued physical therapy and home exercise program (HEP), and refill of medications including Anaprox, Prilosec, and Flurbiprofen non-steroid anti-inflammatory drug cream to the right shoulder, all prescribed since at least 6-8-2015. The request for authorization was noted to have requested Prilosec 20mg #60, Flurbiprofen/Lidocaine topical cream 30g #1, Flurbiprofen/Lidocaine topical cream 60g #1, and Naproxen Sodium 550mg #60. The Utilization Review (UR) dated 10-20-2015, certified the request for Prilosec 20mg #60, and non-certified the requests for Flurbiprofen/Lidocaine topical cream 30g #1, Flurbiprofen/Lidocaine topical cream 60g #1, and Naproxen Sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine topical cream 30g #1: 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): Topical Analgesics.

Decision rationale: Flurbiprofen/Lidocaine topical cream 30g #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical NSAIDs such as Flurbiprofen are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The MTUS does not support Lidocaine in this case in cream form and the documentation does not reveal extenuating factors which would necessitate using this topical cream therefore this request is not medically necessary.

Flurbiprofen/Lidocaine topical cream 60g #1: 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): Topical Analgesics.

Decision rationale: Flurbiprofen/Lidocaine topical cream 60g #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical NSAIDs such as Flurbiprofen are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The MTUS does not support Lidocaine in this case in cream form and the documentation does not reveal extenuating factors which would necessitate using this topical cream therefore this request is not medically necessary.

Naproxen sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naproxen sodium 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen since at least June of 2015 without evidence of objective functional improvement. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDS and may compromise renal function. The request for continued Naproxen is not medically necessary.