

Case Number:	CM15-0031637		
Date Assigned:	02/25/2015	Date of Injury:	04/24/2014
Decision Date:	04/10/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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 26 year old female, who sustained an industrial injury on 4/24/14. She has reported left shoulder pain. The diagnoses have included left shoulder strain, chronic left parascapular strain and left shoulder superior labrum tear. Treatment to date has included oral medications and activity restrictions. Currently, the injured worker complains of persistent pain in left shoulder without change since last visit. On 12/28/14 it is noted the pain is improved with rest and oral medications and made worse with activities. On 1/21/15 Utilization Review non-certified Flurbiprofen/Lidocaine cream 20%/5% 180gm, noting no topical formulations of lidocaine, besides dermal patches are indicated for neuropathic pain and no topical formulation of NSAIDS is supported by CA MTUS. The MTUS, ACOEM Guidelines, was cited. On 2/19/15, the injured worker submitted an application for IMR for review of Flurbiprofen/Lidocaine cream 20%/5% 180gm.

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% 180 gm: Upheld

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

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

Decision rationale: The 1/21/15 Utilization Review letter states the Flurbiprofen/lidocaine cream 20%/5%, 180gm requested on the 12/22/14 medical report was denied because it contains lidocaine in cream form, which is not recommended under MTUS guidelines. MTUS chronic pain medical treatment guidelines, pages 111-113, for 'Topical Analgesics' states: "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." MTUS chronic pain medical treatment guidelines, pages 111-113, for 'Topical Analgesics' under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." According to the 12/22/14 medical report, the patient presents with 8/10 left shoulder pain. Flurbiprofen is an NSAID. MTUS does not recommend topical NSAIDs for the spine, hip or shoulder. MTUS specifically states other than the dermal patch, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Neither of the components of the compounded topical are indicated for the patient's shoulder, therefore the whole compound is not recommended. The request for Flurbiprofen/lidocaine cream 20%/5%, 180gm IS NOT medically necessary.