MAXIMUS Federal Services

Case Number:	CM15-0031744		
Date Assigned:	02/25/2015	Date of Injury:	08/07/2012
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 32 year old female sustained an industrial injury on 8/7/12, with subsequent right shoulder, right wrist, neck and upper back pain due to cumulative trauma. No recent magnetic resonance imaging was available for review. In a PR-2 dated 1/13/15, the injured worker complained of constant neck pain 5/10 on the visual analog scale with radiation to bilateral upper extremities, frequent right shoulder pain and occasional right wrist pain. Physical exam was remarkable for tenderness to palpation to the cervical spine and trapezius muscles bilaterally with spasms and decreased range of motion, tenderness to palpation along the right biceps tendon and right wrist with tenderness to palpation along the carpals segments with positive Phalen's test. The physician documented that oral medications, topical creams and patches helped to decrease pain, allowing the injured worker to perform more chores and walk and sleep longer. Current diagnoses included cervical disc protrusion, cervical radiculopathy, right shoulder bicipital tenosynovitis and right wrist/hand sprain/strain. The treatment plan included Ibuprofen 800mg, Menthoderm Gel, Omeprazole and Flurbi cream. On 2/5/15, Utilization Review noncertified a request for Flurbi cream 180 gms (Flurbi 20%, Lidocaine 5%, Amitriptyline 4%), citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi cream 180 gms (Flurbi 20%, Lidocaine 5%, Amitriptyline 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Regarding the request for flurbiprofen/lidocaine/amitriptyline, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen/lidocaine/amitriptyline is not medically necessary.