

Case Number:	CM15-0036829		
Date Assigned:	03/05/2015	Date of Injury:	09/18/2012
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 9/18/2012. The diagnoses have included status post left shoulder rotator cuff repair, status post right knee arthroscopy and partial menisectomy and right knee mild osteoarthritis. Currently, the IW complains of intermittent left shoulder pain. Pain was rated as 1-2/10 and was improving. She reported right knee pain rated as 1/10 which was frequent and improving. Pain was made better with rest and medication and worse with cold weather and activity. Objective findings included left shoulder tenderness to palpation. Range of motion revealed full flexion of 160 degrees, abduction 140 degrees, internal rotation was full and external rotation was limited due to pain. Neurovascular status was intact distally. Strength was 4/5 by comparison to 5/5 on the right shoulder. Examination of the right knee revealed tenderness to palpation with 1+ crepitation. There was full extension and full flexion. Strength was 5/5 and neurovascular status was intact distally. Her gait pattern was normal. Treatment to date has included NSAIDs. A request was made for physical therapy, TENS unit and topical medication. On 1/27/2015, Utilization Review non-certified a request for Flurbiprofen/lidocaine cream (20%/5%) 180gm and Motrin 600mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and non-MTUS sources were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of Flurbiprofen/lidocaine cream (20%/5%) 180gm and Motrin 600mg #60.

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 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation), topical/compound analgesics and anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%/lidocaine 5% cream #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Lidocaine in cream form is not recommended. Flurbiprofen is not FDA approved for topical use. Flurbiprofen is not recommended. In this case, the injured worker's working diagnoses are status post left shoulder rotator cuff repair; status post right knee arthroscopy and partial meniscectomy; right knee mild osteoarthritis. Flurbiprofen is not recommended. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen not FDA approved and lidocaine in cream form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%/lidocaine 5% cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%/lidocaine 5% cream #80 g is not medically necessary.

Motrin 800 mg 1 tab by mouth every 12 hours as needed with food Qty: 60 Refills: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation), topical/compound analgesics and anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800mg one PO Q 12 H # 60 with no refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between

traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post left shoulder rotator cuff repair; status post right knee arthroscopy and partial meniscectomy; right knee mild osteoarthritis. Documentation for January 12, 2015 progress note shows the injured worker has a 0/10 pain scale after taking Motrin one time per day. The documentation indicates the treating physician prescribed Motrin as far back as September 17, 2014. The documentation does not contain evidence of objective functional improvement with its use. Additionally, Motrin is indicated for short-term use at the lowest dose in patients with moderate to severe pain. Injured worker has a pain scale of 0/10 with one Motrin. This does not fall into the moderate to severe pain category. Motrin/ibuprofen is available over-the-counter. Consequently, absent clinical documentation with guideline recommendations to support the ongoing use of Motrin 800 mg, Motrin 800mg one PO Q 12 H # 60 with no refills is not medically necessary.