

Case Number:	CM15-0037954		
Date Assigned:	03/06/2015	Date of Injury:	03/08/2012
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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:

The injured worker is a 30-year-old female, who sustained an industrial injury on March 8, 2012. The injured worker had sustained injuries to the thoracic spine, bilateral shoulders and left wrist on multiple dates. The diagnoses have included unspecified ganglion and wrist sprain/strain, right shoulder chronic rotator cuff syndrome, left shoulder anterior labrum tear and left wrist tendonitis. Treatment to date has included medications, radiological studies, rest, excision of a ganglion cyst left wrist and arthroscopic triangular fibrocartilage debridement on November 21, 2014, post-operative occupational therapy and physical therapy to the right shoulder and left wrist. Current documentation dated January 20, 2015 notes that the injured worker complained of thoracic spine, bilateral shoulder pain and left wrist pain. Physical examination of the bilateral shoulders revealed slight limited forward flexion. A Hawkins' and Neer's test were noted to be positive. Examination of the left wrist revealed healed incisions and a painful and limited range of motion. On February 2, 2015 Utilization Review non-certified a request for Flurbiprofen/Lidocaine cream (20%/5%) 180 gm, No NDC #, No refills, Topical Analgesics and occupational therapy three times a week for four weeks to the left wrist. The MTUS, Post-Surgical Treatment Guidelines and Chronic Pain Medical Treatment 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%) 180 gm: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for flurbiprofen/lidocaine, 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 (tricyclic 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 has 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 is not medically necessary.