

Case Number:	CM15-0038632		
Date Assigned:	03/09/2015	Date of Injury:	12/30/2008
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/02/2015

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 32-year-old male sustained an industrial injury on December 20, 2008. He has reported a right shoulder injury has been diagnosed with right shoulder labrum tear, right shoulder rotator cuff syndrome, chronic pain, right shoulder, and cervical spine sprain/strain secondary to compensatory factors. Treatment has included therapy, medications, and massage. Currently the injured worker had decreased range of motion of the cervical spine with tenderness to palpation. There was decreased range of motion of the right shoulder with tenderness over the acromioclavicular joint. The treatment plan included Flurbiprofen/lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine (20%.5%) cream for the right shoulder 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

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 #180gm to the right shoulder 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. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are right shoulder labrum tear; right shoulder rotator cuff syndrome; chronic pain right shoulder; and cervical spine sprain/strain. The documentation does not contain evidence of neuropathic symptoms or signs or a diagnosis that encompasses neuropathic symptoms and signs. Lidocaine in cream form is not recommended. Flurbiprofen is not FDA approved topical use. Any compounded product that contains at least one drug (lidocaine cream and Flurbiprofen-not FDA approved) 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 #180gm to the right shoulder is not medically necessary.