

Case Number:	CM15-0040465		
Date Assigned:	03/10/2015	Date of Injury:	03/17/2008
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/03/2015

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: Emergency 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 60 year old female, who sustained an industrial injury on March 17, 2008. She reported cumulative trauma to the bilateral wrists, shoulders and right elbow. The injured worker was diagnosed as having bilateral rotator cuff signs and symptoms, De quervain's signs and symptoms, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy cervicalgia, left shoulder surgery 11/09/2010 and depression. Treatment to date has included injection, medications, surgery, psychotherapy, H-wave and physical therapy. On January 27, 2015, the injured worker complained of chronic bilateral shoulder, arm, elbow and wrist pain. Her left shoulder progressively gets worse with constant pain. She cannot lean on her left side during sleep, has difficulty driving and weakness with carrying and lifting. She had poor tolerance to static posture, prolonged repetitive activity, writing and reach out. Her current analgesics were noted to only minimize her symptoms. The treatment plan included psychiatrist appointment, wrist splint, physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Flurbiprofen 20% and Lidocaine 2% 4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Cyclobenzaprine: As per MTUS guidelines, not recommended for topical application. Not FDA approved for topical application. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no neuropathic related pathology or failure of 1st line treatment. Patient is also prescribed another topical compound with lidocaine leading to risk of lidocaine overdose. Not recommended. Not a single component of these creams is recommended. Requested compounded products are not medically necessary.

Topical compound Cyclobenzaprine 10% and Lidocaine 5% 4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAID shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no neuropathic related pathology or failure of 1st line treatment. Patient is also prescribed another topical compound with lidocaine leading to risk of lidocaine overdose. Not recommended. Not a single component of these creams is recommended. Requested compounded products are not medically necessary.