

Case Number:	CM15-0040680		
Date Assigned:	03/10/2015	Date of Injury:	01/08/2015
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:

This 36 year old male sustained an industrial injury on 1/8/15. He subsequently reported left shoulder pain. Diagnostic testing has included x-rays. Treatments to date have included modified work duty and prescription pain medications. The injured worker continues to experience significant left shoulder pain. Exam reveals limited range of motion, impingement sign and tenderness. A request for FlurLido-A Cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 240gm and Flurbiprofen 10%,Capsaicin 5%, Menthol 5% 240gms was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurLido-A Cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 240gm: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: 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. It is also prescribed with another compounded product containing Flurbiprofen leading to risk for toxicity. 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 and no noted failure of 1st line agents. Not recommended. 3) Amitriptyline: Not FDA approved for topical application. There is no evidence of safety or efficacy when used in a compounded form. Not recommended. Not a single component of this compounded product is recommended and is therefore not medically necessary.

Flurbiprofen 10%, Capsaicin 5%, Menthol 5% 240gms: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: 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. It is also prescribed with another compounded product containing Flurbiprofen leading to risk for toxicity. 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 and no noted failure of 1st line agents. Not recommended. 3) Amitriptyline: Not FDA approved for topical application. There is no evidence of safety or efficacy when used in a compounded form. Not recommended. Not a single component of this compounded product is recommended and is therefore not medically necessary.