

Case Number:	CM15-0041564		
Date Assigned:	03/11/2015	Date of Injury:	09/24/2002
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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 61 year old female, who sustained an industrial injury on 9/24/02. She has reported neck and shoulder injuries. The diagnoses have included cervical radiculopathy and bilateral rotator cuff tendinitis. Treatment to date has included medications, conservative measures and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/20/15, the injured worker complained of increased cervical spine and right shoulder discomfort. The physical exam revealed tenderness to the cervical spine with tightness, decreased range of motion and right shoulder tenderness was noted. The Treatment Plan included daily cervical spine and right shoulder range of motion exercises, local heat to the neck and right shoulder, medication re-fill for Naproxen, Omeperazole, Naprosyn, Flurbiprofen cream to the neck and right shoulder, and Valium and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen powder x 2 refills: 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 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 powder with two refills 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 herniated nucleus pulposus cervical spine; cervical radiculopathy; and bilateral rotator cuff tendinitis. The documentation does not contain any evidence of failed first-line treatment for neuropathic pain. There was no treatment with antidepressants or anticonvulsants noted in the medical record. The injured worker does take Norco, Anaprox and Omeprazole. Additionally, the documentation in one progress note states a topical analgesic is Flurbiprofen and the subsequent progress note indicates the topical analgesic is Flurbiprofen/Lidocaine. There is no documentation evidencing objective functional improvement with the ongoing use of Flurbiprofen. The documentation references Flurbiprofen cream. Consequently, absent clinical documentation with objective functional improvement with evidence of failed first-line treatment, Flurbiprofen powder with two refills is not medically necessary.

Lidocaine HCL Monohydrate powder x 2 refills: 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 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, Lidocaine HCL monohydrate powder with 2 refills 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 herniated nucleus pulposus cervical spine; cervical radiculopathy; and bilateral rotator cuff tendinitis. The documentation does not contain any evidence of failed first-line treatment for neuropathic pain. There was no treatment with antidepressants or anticonvulsants noted in the medical record. The injured worker does take Norco, Anaprox and Omeprazole. Additionally, the documentation in one progress note states a

topical analgesic is Flurbiprofen and the subsequent progress note indicates the topical analgesic is Flurbiprofen/Lidocaine. There is no documentation evidencing objective functional improvement with the ongoing use of Lidocaine powder. The documentation references Flurbiprofen/Lidocaine cream, not the powder. Consequently, absent clinical documentation with objective functional improvement with evidence of failed first-line treatment, lidocaine powder with two refills is not medically necessary.

Ultraderm cream x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Topical emollients.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/ultra-derm.html>.

Decision rationale: Pursuant to Medline plus, Ultraderm cream with two refills is not medically necessary. Ultraderm is an emollient that softens and moistens the skin. Topical emollients are used to treat or prevent dry skin. See attached link for details. In this case, the injured worker's working diagnoses are herniated nucleus pulposus cervical spine; cervical radiculopathy; and bilateral rotator cuff tendinitis. The documentation does not contain any evidence of failed first-line treatment for neuropathic pain. There was no treatment with antidepressants or anticonvulsants noted in the medical record. There is no documentation in the medical record mentioning Ultraderm cream and, as a result, no clinical indication or rationale for its use. Consequently, absent clinical documentation with a clinical indication or rationale for Ultraderm use, Ultraderm cream with two refills is not medically necessary.