

<b>Case Number:</b>	CM15-0046312		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	04/13/2008
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 61 year old male who sustained an industrial injury on 04/13/2008. He was injured when trying to move a stove at his place of employment; he felt a pop and then pain in his left shoulder. Diagnoses include left shoulder internal derangement, status post 2 arthroscopies, and myocardial infarction. Treatment to date has included surgery, medications, home exercise program, joint injections, and physical therapy. A physician progress note dated 08/20/2014 documents the injured worker has continued left shoulder pain which is worse with active range of motion, and cold weather. The pain affects his activities. Pain is rated 8 out of 10. Oral medication help with the pain and topical medications help with the pain and decreases the use of oral medications. Current treatment plan is for the refilling of medications, pending shoulder surgical consult, and pending internal medicine consult and follow up after electrocardiogram. Treatment requested is for retrospective request for Flurbiprofen, Lidocaine, Amitriptyline topical compound with date of service, 10/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen, Lidocaine, Amitriptyline topical compound with date of service, 10/30/2014: Upheld**

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

**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, Amitriptyline topical compound, 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 (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Guidelines do not support the use of topical antidepressants. Therefore, guidelines do not support multiple constituents within this compound. As such, the currently requested Flurbiprofen, Lidocaine, Amitriptyline topical compound is not medically necessary.