

Case Number:	CM15-0047009		
Date Assigned:	03/19/2015	Date of Injury:	11/21/2010
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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

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 48 year old female sustained an industrial injury to the neck, back and bilateral shoulders via cumulative trauma from 1/21/10 to 11/11/14. Previous treatment included physical therapy, medications, magnetic resonance imaging and rotator cuff repair times two. In a PR-2 dated 1/26/15, the injured worker complained of persistent pain to the back, neck and bilateral shoulders 7-8/10 on the visual analog scale. The injured worker had been taking Ibuprofen for pain and was requesting something stronger. The injured worker had a history of a gastric burning aggravated by taking oral medications. Physical exam was remarkable for cervical spine and lumbar spine with tenderness to palpation, hypertonicity and decreased range of motion, the injured worker could not heel and toe walk bilaterally. Current diagnoses included right shoulder rotator cuff tear, chronic cervical strain and chronic lumbar strain. The treatment plan included Flurbiprofen/Lidocaine (20%/5%) cream 180g.

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 180g Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Per the 01/26/15 PTP progress report the patient presents with persistent neck, lower back and bilateral shoulder pain. The current request is for FLURBPROFEN/LIDOCAINE 20%/5% CREAM 180g QTY: 1. The RFA is not included. The patient is currently working. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines page 112 state regarding Lidocaine, Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The treating physician states this medication is to control pain as she suffers slight GI upset secondary to use of NSAIDs. In this case, topical NSAIDs are indicated for peripheral joint arthritis/tendinitis and there is no evidence provided of this condition for this patient. Furthermore, Lidocaine is approved only in patch form. Therefore, the request IS NOT medically necessary.