

Case Number:	CM15-0055834		
Date Assigned:	04/01/2015	Date of Injury:	07/23/2013
Decision Date:	05/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 49-year-old male who reported injury on 07/23/2013. The mechanism of injury was the injured worker was pulling a food cart up some stairs using his left hand to pull the cart, the injured worker felt a pop in the left shoulder. Surgical intervention included a biceps tenodesis. There was a Request for Authorization submitted for review dated 02/12/2015. The documentation of 02/12/2015 revealed the injured worker was tolerating left shoulder exercise well. The left shoulder was held level with the right side without drooping or sagging. There was no motor or sensory deficit. The diagnosis included sprain in rotator cuff, and superior glenoid labrum lesion. The treatment plan included Norco 10/325 mg #60 at 1 every 4 hours, gabapentin 300 mg #60 at 1 twice a day and flurbiprofen/lidocaine cream to left shoulder twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain, and objective improvement in function, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. The clinical documentation submitted for review failed to provide the duration of care. If this was the initial request, there was a lack of documentation indicating the injured worker had neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300 mg #60 is not medically necessary.

Flurbiprofen/Lidocaine 30mg topical cream: 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 Analgesics, Flurbiprofen, Lidocaine Page(s): 111, 72, 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The documentation indicated the injured worker was to utilize gabapentin. As there was a lack of documented trial and failure, this request would not be supported. Additionally, lidocaine is not recommended in any other formulation than Lidoderm patches. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for Flurbiprofen/Lidocaine 30mg topical cream is not medically necessary.

Flurbiprofen/Lidocaine 60mg topical cream: 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 Analgesics, Flurbiprofen, Lidocaine Page(s): 111, 72, 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The documentation indicated the injured worker was to utilize gabapentin. As there was a lack of documented trial and failure, this request would not be supported. Additionally, lidocaine is not recommended in any other formulation than Lidoderm patches. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for Flurbiprofen/Lidocaine 60mg topical cream is not medically necessary.