

Case Number:	CM15-0056008		
Date Assigned:	04/01/2015	Date of Injury:	12/14/2011
Decision Date:	05/04/2015	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 72 year old male who sustained a work related injury on December 14, 2011, injuring his left shoulder on a heavy door. He was diagnosed with a rotator cuff tear and left shoulder degenerative joint disease. He underwent left shoulder arthroscopy, debridement of the partial rotator cuff tear and sub-acromial decompression. Treatment included joint injections, and medications. Currently, the injured worker complained of moderate to severe pain at the top of his shoulder extending up into the neck. The treatment plan that was requested for authorization included prescriptions for Flurbiprofen/Lidocaine Topical Cream 30 mg and Flurbiprofen/Lidocaine Topical Cream 60 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine Topical Cream 30 mg: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck and shoulder. The request is for FLURBIPROFEN/LIDOCAINE TOPICAL CREAM 30MG. Per 02/26/15 progress report, the patient is currently taking Ambien, Anaprox, Colace, Fexmid, Flexeril, Neurontin, Norflex, Prilosec, Relafen, Tylenol #3, Ultram, Valium and Voltaren XR. Work statue is unknown. MTUS guidelines page 112 on topical lidocaine states, 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). 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. In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. Furthermore, there is no indication of each ingredient percentage. The request IS NOT medically necessary.

Flurbiprofen/Lidocaine Topical Cream 60 gm: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in his neck and shoulder. The request is for FLURBIPROFEN/LIDOCAINE TOPICAL CREAM 60MG. Per 02/26/15 progress report, the patient is currently taking Ambien, Anaprox, Colace, Fexmid, Flexeril, Neurontin, Norflex, Prilosec, Relafen, Tylenol #3, Ultram, Valium and Voltaren XR. Work statue is unknown. MTUS guidelines page 112 on topical lidocaine states, 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). 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. In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. Furthermore, there is no indication of each ingredient percentage. The request IS NOT medically necessary.