

<b>Case Number:</b>	CM15-0057919		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 69 year old male who sustained a work related injury September 7, 2006. According to a treating physician's progress report, dated February 4, 2015, the injured worker presented for follow-up of his neck and right shoulder. He continues to be asymptomatic with pain rated 6/10. Trigger point injections administered at the last office visit were noted to be helpful. His medications and cervical epidural has been denied in the past. Physical examination reveals tender to palpation trigger points over his neck and posterior shoulders with muscle twitch points. Shoulder range of motion remains decreased, abduction 80 degrees right and 85 degrees left. Impression is documented as degenerative cervical disc disease with right radiculopathy; rotator cuff syndrome; myofascial pain syndrome with trigger points. Treatment plan included referral to physician for frozen right shoulder, and medications; Celebrex, Lyrica, Lidoderm cream, and Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% cream:** 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 rationale:** According to the 02/04/2015 report, this patient presents for a follow up of the neck and right shoulder that is asymptomatic with pain at a 6/10 level. The current request is for Lidocaine 5% cream. The request for authorization and the patient's work status are not included in the file for review. Regarding Topical Analgesics, MTUS page 111 states: Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the current request IS NOT medically necessary.

**Flector 1.3% patch:** 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 rationale:** According to the 02/04/2015 report, this patient presents for a follow up of the neck and right shoulder that is asymptomatic with pain at a 6/10 level. The current request is for Flector 1.3% patch. The request for authorization and the patient's work status are not included in the file for review. Flector Patches contain diclofenac, a non-steroidal anti-inflammatory drug. The MTUS guidelines do not support the usage of Flector for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with neck pain and shoulder conditions for which topical NSAID is not indicated. The current request IS NOT medically necessary.