

Case Number:	CM15-0060912		
Date Assigned:	04/07/2015	Date of Injury:	04/12/1994
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 62 year old female, who sustained an industrial injury on April 12, 1994. She reported injured her left shoulder in an altercation with an inmate. The injured worker was diagnosed as having left shoulder sprain/strain, degenerative arthritis of the acromioclavicular joint and impingement syndrome, and status post left shoulder arthroscopy, subacromial decompression, and anterior acromioplasty. Treatment to date has included a bursal steroid injection, left shoulder MRI, left shoulder surgery, home exercise program (HEP), and medication. Currently, the injured worker complains of left shoulder pain. The Primary Treating Physician's report dated February 12, 2015, noted the injured worker reported her symptoms were unchanged, with the pain alleviated by rest and medication. The shoulder examination was noted to show 1+ tenderness to palpation of the anterior border of the left acromion. A left shoulder MRI dated July 19, 2013, was noted to show osteoarthritis of the AC joint causing significant impingement, down sloping of the acromion, mild rotator cuff tendinopathy, biceps tendinopathy, and degeneration of the superior labrum. The treatment plan was noted to include home exercises, and medications including Ultram, Anaprox, Protonix, and Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram Tablets 50 mg Qty 30, take 1-2 tablets every 4-6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram 50mg #30, 1 to 2 tablets Q 4 to 6 hours as needed is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis are left shoulder sprain/strain; degenerative arthritis acromioclavicular joint and impingement syndrome; status post left shoulder arthroscopy, subacromial decompression and anterior acromioplasty November 4, 2013. Subjectively, the injured worker complains of left shoulder pain. Objectively, left shoulder shows no swelling with no signs of instability. The documentation indicates on April 3, 2014 the injured worker was using Norco 10/325 mg for pain. In a progress note dated November 2014, the injured worker was changed to Ultram. There is no clinical rationale in the medical record for the change from Norco to Ultram. In the most recent progress note dated February 2, 2015, there was no documentation of objective functional improvement associated with ongoing Ultram use. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement and risk assessments with pain assessments, Ultram 50 mg #30, 1 to 2 tablets Q 4 to 6 hours as needed is not medically necessary.

Flurbiprofen 25%/ Lidocaine 5% in Lidoderm base 30 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%/Lidocaine 5% in Lidoderm base, 30 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Flurbiprofen is not FDA approved for topical use. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis are left shoulder sprain/strain; degenerative arthritis acromioclavicular joint and impingement syndrome; status post left shoulder arthroscopy, subacromial decompression and anterior acromioplasty November 4, 2013. Subjectively, the injured worker complains of left shoulder pain. Objectively, left shoulder shows no swelling with no signs of instability. A progress note dated February 12, 2015 shows the first entry for Flurbiprofen 25%/Lidocaine 5% in Lidoderm base. There is no clinical indication or clinical rationale in the medical record for its use. There is no evidence of first-line failure with antidepressants and anticonvulsants for neuropathic pain. There are no diagnoses compatible with neuropathic symptoms or signs. Flurbiprofen is not FDA approved for topical use. Flurbiprofen is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, absent clinical documentation with neuropathic symptoms and signs, a clinical indication/rationale, failure of first-line treatment for neuropathic pain, Flurbiprofen 25%/Lidocaine 5% in Lidoderm base, 30 g is not medically necessary.

Flurbiprofen 25%/ Lidocaine 5% in Lidoderm base 120 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 25%/Lidocaine 5% in Lidoderm base, 120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Flurbiprofen is not FDA approved for topical use. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis are left shoulder sprain/strain; degenerative arthritis acromioclavicular joint and impingement syndrome; status post left shoulder arthroscopy, subacromial decompression and anterior acromioplasty November 4, 2013. Subjectively, the injured worker complains of left shoulder pain. Objectively, left shoulder shows no swelling with no signs of instability. A progress note dated February 12, 2015 shows the first entry for Flurbiprofen 25%/Lidocaine 5% in Lidoderm base. There is no clinical indication or clinical rationale in the medical record for its use. There is no evidence of first-line failure with antidepressants and anticonvulsants for neuropathic pain. There are no diagnoses compatible with neuropathic symptoms or signs. Flurbiprofen is not FDA approved for topical use. Flurbiprofen is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any

compounded product that contains at least one drug (Flurbiprofen and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, absent clinical documentation with neuropathic symptoms and signs, a clinical indication/rationale, failure of first-line treatment for neuropathic pain, Flurbiprofen 25%/Lidocaine 5% in Lidoderm base, 120 g is not medically necessary.