

Case Number:	CM15-0084035		
Date Assigned:	05/06/2015	Date of Injury:	10/10/2011
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 63-year-old male, who sustained an industrial injury on October 10, 2011. The mechanism of injury was not provided. The injured worker has been treated for neck, back and shoulder complaints. The diagnoses have included chronic cervical sprain/strain, chronic lumbar pain with multilevel disc bulges, chronic left hip pain, chronic right shoulder pain, chronic pain secondary to right rib fracture, ulnar neuropathy, insomnia and depression. Treatment to date has included medications, radiological studies, weight loss program, physical therapy, cognitive behavior therapy and a home exercise program. Current documentation dated April 2, 2015 notes that the injured worker reported ongoing back and upper shoulder pain. Examination of the upper back revealed mild to moderate palpable spasms of the upper trapezius muscles and mid thoracic areas. Range of motion revealed flexion to be seventy degrees, extension ten degrees and right and left lateral bending seventy-five percent of normal. The treating physician's plan of care included a request for the topical analgesic Flurbuprofen 20%/Lidocaine 5% cream to help relieve the pain symptoms caused by his industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%-Lidocaine 5% 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 8 C.C.R. 9792.20 - 9792.26 Page(s): 111 and 112 of 127.

Decision rationale: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The indications for use of NSAIDs topically include osteoarthritis and tendinitis in particular of the knee or elbow. There is no evidence to support its use in spine, hip, or shoulder osteoarthritis. It is also not recommended for use in neuropathic pain. There is poor evidence to support its long-term use. As such, it would not be medically necessary.