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| Case Number: | CM14-0118121 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/06/2002 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old female who reported an injury on 08/06/2002. The mechanism of injury was not indicated. Diagnoses included bilateral knee arthritis, status post left shoulder rotator cuff repair, possibly recurrent tear. Prior treatment included medications, injection, and surgery. Diagnostic testing was not submitted. The injured worker underwent bilateral shoulder rotator cuff repair, the date of which was not provided. The injured worker complained of knee pain and left shoulder pain on 06/05/2014. The physical examination revealed tenderness over the anterolateral aspect of the left shoulder. The physician indicated the injured worker's shoulder pain was progressively worsening and she had pain with any movement of the shoulder. Range of motion of the shoulder was decreased due to pain. There was pain and weakness elicited when testing the supraspinatus tendon against resistance. Medications were not provided. The injured worker had tenderness to the medial joint line of the bilateral knees as well as pain with deep flexion. The treatment plan was for topical compound LF250 ap bid-tid 120gms with 2 refills. The rationale for the request was not submitted. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound LF250 apply twice a day-3 times a day 120gms with 2 refills: 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: The request for Topical Compound LF250 ap bid-tid 120gms with 2 refills is not medically necessary. The injured worker complained of knee pain and left shoulder pain. Within the provided documentation it was noted LF250 contains Lidocaine 5% and Flurbiprofen 20%. The California (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of Lidocaine 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment 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 and use with neuropathic pain is not recommended as there is no evidence to support use. There is lack of documentation the injured worker has been treated with first line therapy. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The guidelines do not recommend the use of Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.