

Case Number:	CM14-0141839		
Date Assigned:	09/10/2014	Date of Injury:	03/28/2007
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, and is licensed to practice in California. 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 36-year-old male who sustained an injury on 3/28/07. The patient had been under treatment for chronic neck and shoulder pain. During the 8/7/14 visit, the patient reported constant cervical spine rated 6-7/10 and constant right shoulder pain rated 7-8/10. He no longer reported left shoulder pain. He indicated had been taking Norco which reduced his pain from 7-8/10 to 2-3/10. Significant exam findings included cervical spine slight decreased range of motion, tenderness over paraspinals, right greater than left, right shoulder healing incision sites and limited range of motion. MRI of the right shoulder from 02/22/14 revealed separation of the AC joint by 7mm, bright signal of the supraspinatus tendon, 1 cm proximal to the insertion site, with a small amount of fluid in the subacromial-subdeltoid bursa indicating a full thickness tear and fluid surrounding the biceps tendon in the bicipital tendon groove which might represent tenosynovitis of this structure and small tear at the under surface of the superior glenoid labrum. He was previously treated with physical therapy and medications. Norco was his only medication. Current diagnoses were status post right shoulder arthroscopy with rotator cuff repair on 7/25/14, left shoulder rotator cuff syndrome, status post debridement, and cervical spine sprain/strain. He was prescribed continued use of Norco and Diclofenac/Lidocaine cream 3%/5%, and recommended to begin post-operative physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Diclofenac 3%/Lidocaine 5% cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Lidocaine is indicated in localized Neuropathic 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, there is no evidence of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is considered not medically necessary according to guidelines.