

Case Number:	CM14-0142046		
Date Assigned:	09/10/2014	Date of Injury:	10/04/1999
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
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 and 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 74-year-old female who reported an injury of unknown mechanism on 10/04/1999. On 03/13/2014, her diagnoses included right shoulder impingement syndrome, possible rotator cuff tear, status post right shoulder arthroscopy/subacromial decompression, status post right wrist reconstruction, post-traumatic arthritis of the right wrist, status post right carpal tunnel release, psychological diagnosis, internal medicine diagnosis, and right de Quervain's stenosing tenosynovitis. On 06/19/2014, her medications included Celebrex 200 mg, Ambien 10 mg, Ultram 50 mg, and a new prescription for a topically compounded cream containing Lidocaine 5% and Flurbiprofen 20%. This medication was prescribed for post-traumatic arthritis of her wrist. A request for authorization dated 06/25/2014 was included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, Flurbiprofen 20% #120gm Refills: 2: 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 Lidocaine 5%, Flurbiprofen 20% #120gm with 2 refills is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including local anesthetics and NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac), which is indicated for the relief of osteoarthritis pain in the joints. The only form of FDA approved topical application of Lidocaine, is the 5% transdermal patch for neuropathic pain. The requested compounded cream is not supported by the guidelines. Therefore, this request for Lidocaine 5%, Flurbiprofen 20% #120gm with 2 refills is not medically necessary.