

Case Number:	CM14-0148972		
Date Assigned:	09/18/2014	Date of Injury:	02/08/2001
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 61-year-old male who has submitted a claim for complete tear left rotator cuff and subacromial decompression associated with an industrial injury date of 02/08/2001. Medical records from March 2014 to July 2014 showed pain and weakness of left shoulder. Physical examination of left shoulder from latest progress notes dated 07/31/2014 showed passive forward flexion of 160 degrees with positive impingement sign. Significant pain was elicited with cross-body maneuvers. Pain and weakness noted when supraspinatus tendon was tested against resistance. Results of urine toxicology were not included in the medical records provided. Treatment to date has included left shoulder rotator cuff repair with subacromial decompression last 03/24/2014, physical therapy, and medications: Norco 5/325mg (since at least March 2014) and LF520 Lidocaine 5%, Flurbiprofen 20% (since July 2014). Progress notes dated 07/31/2014 cited that patient unable to tolerate oral anti-inflammatory medications. Utilization review from 08/26/2014 denied the request for Norco 5/325 mg #30 for 2 refills since there was no documentation of pain relief, functional improvement, side effects, aberrant behavior or a UDS. Request for LF520 Lidocaine 5%, Flurbiprofen 20% 120 grams for 2 refills was denied since there no was no documentation of localized neuropathic peripheral pain after there has been evidence of a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg one (1) QD #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient is on Norco 5/325mg since at least March 2014. It was not clear when the patient started taking this medication. Medical records provided did not show evidence of pain relief and functional improvement from this medication. Moreover, results of a urine drug screen was not included in the medical records provided. Therefore, the request for Norco 5/325mg #30 for 2 refills is not medically necessary.

LF520 Lidocaine 5%, Flurbiprofen 20% #120 grams x 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: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS recommends topical NSAID formulation for diclofenac only. Likewise, the efficacy of topical NSAIDs has been inconsistent and most studies are of small and short-duration only. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In addition, guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no documentation of trial antidepressants and anticonvulsants. Progress notes dated 07/31/2014 cited that patient unable to tolerate oral anti-inflammatory medications however both the components of the requested compounded medication are not supported by the guideline for topical use. The medical necessity has not been established. Therefore, the request for LF520 lidocaine 5%, flurbiprofen 20% 120 grams, for 2 refills is not medically necessary.