

Case Number:	CM14-0166153		
Date Assigned:	10/13/2014	Date of Injury:	08/05/2008
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Medicine and is licensed to practice in Ohio. 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 58-year-old female who injured her back on August 5 of 2009 and her right shoulder October 21, 2006. She complains of right shoulder pain radiating to the neck and low back pain radiating to the lower extremities with numbness and tingling. The MRI scan of the right shoulder from 2012 revealed a tear of the supraspinatus tendon and evidence of degenerative arthritis. The MRI scan of the lumbar spine from September 2013 revealed a 1-2 mm disc bulge at L4-L5 with mild spinal canal stenosis and moderate facet hypertrophy causing mild to moderate stenosis bilaterally at the same level. The physical exam revealed diminished cervical range of motion with tenderness to palpation of the paracervical musculature. There was tenderness to palpation of the thoracic and lumbar spine and diminished range of motion of the lumbar spine. The upper and lower extremity neurologic exam has been normal. The right shoulder revealed diminished range of motion and tenderness to palpation of the supraspinatus fossa and acromion. The diagnoses include rotator cuff tear, shoulder impingement syndrome, low back pain with degenerative spondylolisthesis, and lumbar foraminal stenosis. The injured worker has been treated with a combination of physical therapy for the right shoulder, a back brace tramadol, topical analgesics, Norco, and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine/Amitriptyline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepressants for chronic pain

Decision rationale: The referenced guidelines state concerning topical analgesics that contain more than one substance that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this instance, the compounded formulation contains lidocaine. Lidocaine is only indicated under the guidelines for use in the form of a patch. All other formulations are not recommended. With regard to the Flurbiprofen, topical anti-inflammatories are suggested for use for tendinitis or osteoarthritis over easily accessible joints such as the knees and elbows. The injured worker appears to have no identifiable pathologies associated with the knees or elbows. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. In this instance, the compounded formula contains amitriptyline which is a tricyclic antidepressant. There is no indication from the chart as to why the injured worker cannot take amitriptyline orally. Therefore, because components of the compounded formula Flurbiprofen/Lidocaine/Amitriptyline are not indicated, the entire compounded formula is not medically necessary per the referenced guidelines.