

<b>Case Number:</b>	CM14-0216775		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old male with date of injury of 11/15/2011. The listed diagnosis from 09/16/2014 is joint derangement of the shoulder, NOS. According to this report, the patient complains of constant pain in the left shoulder that is aggravated by forward reaching, lifting, pushing, pulling, working at or above the shoulder level. The pain is characterized as throbbing. He rates his pain 4/10. Examination of the left shoulder reveals a well-healing surgical incision. No signs of infection. There is some erythema and cellulitis around the surgical site. Some swelling was also noted. There is some stiffness due to immobilization. Neurovascular status is grossly intact. Treatment reports from 05/09/2014 to 10/02/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Capsaic (Patch) 10% 0.025% CRM #120 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 & 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Capsaicin Page(s): 111-113,29.

**Decision rationale:** This patient presents with left shoulder pain. The treater is requesting FLURBIPROFEN/CAPSAICIN (PATCH) 10%/0.025% CREAM #120 WITH 6 REFILLS. The patient's work status is deferred to the PTP. The MTUS Guidelines page 111 on topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short-term use, between 4 to 12 weeks. It is indicated for patients with osteoarthritis and tendinitis and particularly that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of his spine, hip, or shoulder. For capsaicin, MTUS page 29 states that it is recommended only as an option in patients who have not responded or are intolerant to other treatment. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The report making the request was not made available for review. The records do not show a history of flurbiprofen/capsaicin (patch) use. There is no discussion as to why combination flurbiprofen/capsaicin (patch) is being prescribed to the patient. In this case, the patient does not present with osteoarthritis and tendinitis of the knee and elbow, and topical NSAIDs are not indicated for shoulder pain. The request IS NOT medically necessary

**Lidocaine/Hyaluronic (patch) 6% 0.2% CRM #120 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 & 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Topical analgesics Page(s): 56-57,111-113. Decision based on Non-MTUS Citation www.webmd.com

**Decision rationale:** This patient presents with left shoulder pain. The treater is requesting LIDOCAINE/HYALURONIC PATCH 6%/0.2% CREAM #120, 6 REFILLS. The patient's work status is deferred to the PTP. The MTUS guidelines page 57 states, "topical lidocaine may be recommended 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. For hyaluronic, the website www.webmd.com shows that hyaluronic acid is a substance that is naturally present in the human body, which works by acting as a cushion and lubricant in the joints and other tissues. Also, hyaluronic acid may be effective for stiffness and joint pain when injected into the joint by a healthcare provider. The

report making the request was not made available for review. There is no discussion in the reports as to why a combination lidocaine/hyaluronic (patch) cream is requested. In this case, lidocaine is not recommended in cream, lotion, or gel formulation according to the MTUS Guidelines. The request IS NOT medically necessary.