

Case Number:	CM15-0010700		
Date Assigned:	01/28/2015	Date of Injury:	01/24/2006
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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 injured worker is a 63 year old male with an industrial injury on 01/24/2006. On 12/15/2014 the injured worker presented for follow up three weeks post right shoulder arthroscopy. Physical exam revealed no effusion of right shoulder, negative impingement test with good reflexes, sensation and circulation. The injured worker was to begin physical therapy; shoulder rehab program. Diagnoses are bilateral knee meniscal tears, bilateral shoulder rotator cuff tendinitis, and contusion shoulder, bilateral. Prior treatments include physical therapy and surgery. On 01/14/2015 the request for Flurbiprofen/lidocaine topical cream 30 gm # and, Flurbiprofen/lidocaine topical cream 120 gm #1 was non-certified by utilization review. MTUS was cited. Omeprazole 20 mg # 60 was also non-certified by utilization review citing MTUS and <http://www.drugs.com/pro/prilosec.html>.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine topical cream 30g #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient was injured on 01/24/06 and presents with right shoulder pain and stiffness. The request is for FLURBIPROFEN/LIDOCAINE TOPICAL CREAM 30G #1. The RFA is dated 01/05/15 and the patient is to remain off of work till after his shoulder rehab program. On 11/24/14, the patient had a right shoulder arthroscopy and limited debridement of the rotator cuff with bursectomy and a right shoulder subacromial decompression. The patient has been using this topical cream as early as 08/25/14. MTUS Guidelines has the following regarding topical creams (page 111, chronic pain section): "Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): Efficacy in clinical trials for this treatment modality has been inconsistent and most of these are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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." The patient has discomfort to palpation over the rotator cuff. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Lidocaine (in a non-patch form) is not indicated as a topical formulation. Therefore, the requested flurbiprofen/ lidocaine topical cream IS NOT medically necessary.

Flurbiprofen/Lidocaine topical cream 60g #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient was injured on 01/24/06 and presents with right shoulder pain and stiffness. The request is for FLURBIPROFEN/LIDOCAINE TOPICAL CREAM 60G #1. The RFA is dated 01/05/15 and the patient is to remain off of work till after his shoulder rehab program. On 11/24/14, the patient had a right shoulder arthroscopy and limited debridement of the rotator cuff with bursectomy and a right shoulder subacromial decompression. The patient has been using this topical cream as early as 08/25/14. MTUS Guidelines has the following regarding topical creams (page 111, chronic pain section): "Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): Efficacy in clinical trials for this treatment modality has been inconsistent and most of these are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. 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." The patient has discomfort to

palpation over the rotator cuff. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Lidocaine (in a non-patch form) is not indicated as a topical formulation. Therefore, the requested flurbiprofen/ lidocaine topical cream IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 01/24/06 and presents with right shoulder pain and stiffness. The request is for OMEPRAZOLE 20 MG #60. The RFA is dated 01/05/15 and the patient is to remain off of work till after his shoulder rehab program. On 11/24/14, the patient had a right shoulder arthroscopy and limited debridement of the rotator cuff with bursectomy and a right shoulder subacromial decompression. The patient has been taking Omeprazole as early as 08/25/14. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65.2. History of peptic ulcer disease and GI bleeding or perforation.3. Concurrent use of ASA or corticosteroid and/or anticoagulant.4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient is taking Duexis, Tramadol ER, Naproxyn, and Omeprazole to prevent GI upset from Naproxyn. In this case, there is no discussion regarding what omeprazole is doing for the patient. Although the patient is taking Omeprazole to prevent GI symptoms, none of the reports discuss what this medication is doing for the patient. There are no GI symptoms described, and no discussion regarding how Omeprazole is managing the symptoms. The requested Omeprazole IS NOT medically necessary.