

Case Number:	CM15-0128363		
Date Assigned:	07/14/2015	Date of Injury:	11/07/2012
Decision Date:	08/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/02/2015

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 70 year old female with an industrial injury dated 11/07/2012. The injury is documented as occurring while walking into a storage area, she tripped over a stool and fell onto her left side injuring the left shoulder, left knee and left wrist. Her diagnosis included left shoulder rotator cuff syndrome, status post open procedure and left knee complex tear of medial and lateral meniscus. A comorbid condition was high cholesterol. She had a previous work-related injury related to her right knee in 2008. She reports a full recovery. Prior treatment included diagnostics, anti-inflammatory medications, physical therapy, TENS unit, cortisone injection to the left shoulder, left shoulder and wrist surgery. She last worked in February 2013. She presents on 06/11/2015 with complaints of continuous left shoulder pain. She rates her left shoulder pain as 6-10/10. She describes night pain, stiffness, spasm, tingling, weakness, swelling, grinding and locking of her shoulder. Medications and change of position help to temporarily alleviate the pain. She also complains of continuous left knee pain which she rates as 6-10/10. She also describes symptoms of night pain, stiffness, spasm, tingling, weakness, swelling, grinding and locking of her knee. Physical exam noted decreased range of motion of the left shoulder with tenderness. Neer's impingement and Hawkins impingement tests were positive on the left. Left knee was tender. McMurray's test was trace positive and patellofemoral grind test was positive. Her medications included Naproxen, Hydrocodone and Pantoprazole. The treatment request is for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4/5) 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4/5) 180gm: Upheld

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

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

Decision rationale: This patient presents with complaints of continuous left shoulder pain. The current request is for Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4/5) 180 gm. The RFA is dated 06/16/15. Prior treatment included diagnostics, anti-inflammatory medications, physical therapy, TENS unit, cortisone injection to the left shoulder, left shoulder and wrist surgery. The patient last worked in February 2013. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies 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." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient's current medications include Naproxen, Hydrocodone and Pantoprazole. According to progress report 06/11/2015, the patient rates her chronic left shoulder pain as 6-10/10. Medications and change of position help to temporarily alleviate the pain. She also complains of continuous left knee pain which she rates as 6-10/10. Physical examination noted decreased range of motion of the left shoulder with tenderness. Neer's impingement and Hawkins impingement tests were positive on the left. Left knee was tender with positive McMurray's test and patellofemoral grind test. The treater recommended a topical cream. MTUS Guidelines page 111 do not recommend a compounded product if one of the compound is not indicated for use. In this case, Baclofen and Lidocaine (in a non-patch form) are indicated in a topical formulation, rendering the entire compounded cream invalid. The requested compounded medication is not medically necessary.