

Case Number:	CM15-0172228		
Date Assigned:	09/14/2015	Date of Injury:	07/08/2011
Decision Date:	10/20/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	09/01/2015

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, Hawaii

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 54 year old male, who sustained an industrial injury on 7-8-2011. Medical records indicate the worker is undergoing treatment for bilateral shoulder arthroscopy, cervical and lumbar myoligamentous sprain-strain and bilateral knee patello-femoral syndrome. A recent progress report dated 6-19-2015, reported the injured worker complained of pain in the right shoulder, neck, low back and bilateral knees. Physical examination revealed cervical and lumbar paravertebral tenderness, right shoulder anterior subacromial tenderness and bilateral knee medial joint tenderness. Treatment to date has included bilateral shoulder arthroscopy, 18 sessions of physical therapy and Tramadol. The Request for Authorization, dated 7-17-2015, requested Topical analgesic Flurbiprofen 20% Lidocaine 5%. On 7-30-2015, the Utilization Review noncertified Topical analgesic Flurbiprofen 20% Lidocaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical analgesic Flurbiprofen 20% Lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with bilateral shoulder arthroscopy, cervical and lumbar myoligamentous sprain-strain and bilateral knee patella-femoral syndrome. The patient currently complains of pain in the right shoulder, neck, low back and bilateral knees. The current request is for Topical analgesic Flurbiprofen 20%, Lidocaine 5%. The treating physician states in the treating report dated 6/19/15 (200b), "The patient also prefers not taking oral medication any longer. I am recommending topical analgesic medication of Flurbiprofen, 20%, Lidocaine, 5% to be applied 3-4 times daily to the shoulders." MTUS Guidelines state the following regarding topical creams: topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Here, the current requested compound includes lidocaine. MTUS states that if at least one compounded product is not recommended then the entire compound is not recommended. Lidocaine is not recommend as a cream or lotion. Therefore, the current request is not medically necessary.