

Case Number:	CM15-0172508		
Date Assigned:	09/14/2015	Date of Injury:	08/28/2013
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 August 28, 2013. He reported cervical spine pain radiating into the upper extremities with associated migraine headaches and tension between the shoulder blades, low back pain radiating into the lower extremities and bilateral shoulder pain. The injured worker was diagnosed as having lumbar and cervical discopathy, carpal tunnel double crush syndrome, cervicgia, internal derangement of the right shoulder, status post right shoulder arthroscopy with rotator cuff repair and Mumford resection and status post left shoulder surgery. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the shoulder, cervical and lumbar epidural steroid injections, medications and work restrictions. His status was noted as totally disabled. Currently, the injured worker continues to report cervical spine pain radiating into the upper extremities with associated migraine headaches and tension between the shoulder blades, low back pain radiating into the lower extremities and bilateral shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued pain as noted. He rated his shoulder pain at 5, his migraines at 7 and his low back pain at 7 on a 1-10 scale with 10 being the worst. It was noted he ambulated with a normal gait, It was noted he had some erythema and cellulitis around the surgical site on the right shoulder with some swelling and no drainage. Stiffness of the shoulder was noted. The left shoulder examination revealed well-healed surgical scars, limited range of motion and no clinical evidence of instability. Lumbar spine examination revealed tenderness and spasm with palpation of the paravertebral muscles, positive seated

nerve root test, guarded range of motion and tingling and numbness in the right thigh, knee and foot. Radiographic imaging on March 3, 2015, of the right shoulder was noted to reveal no gross abnormalities. Evaluation on June 5, 2015, revealed continued pain as noted. He rated his pain at 5 on a 1-10 scale with 10 being the worst. He reported seeking aquatic therapy. Evaluation on July 15, 2015, revealed continued pain with associated symptoms as noted. The RFA included requests for Retrospective request for Flurbiprofen/Capsaicin 10/0.25% 120gms (DOS: 07/20/15) and Retrospective request for Lidocaine/Gabapentin 5/10% 120gms (DOS: 07/20/15) and was non-certified on the utilization review (UR) on July 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Capsaicin 10/0.25% 120gms (DOS: 07/20/15):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Flurbiprofen/capsaicin 10%/0.25% 120 g date service July 20, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy with rotator cuff repair, Mumford procedure and degenerative joint disease; cervical/lumbar discopathy; carpal tunnel, double crush syndrome; cervicgia; internal derangement right shoulder; status post left shoulder surgery. The date of injury is August 28, 2013. Request for authorization is July 20, 2015. There are no progress notes with the date of service July 20, 2015. The most recent progress note in the medical record is dated July 3, 2015. Subjective complaints include cervical pain with radiation to the upper extremity, low back pain and bilateral shoulder pain. There are no medications listed in the medical record. There are no medications listed on a separate cover sheet. As a result, there is no clinical indication or rationale for the topical analgesic. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen/capsaicin 10%/0.25% is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, retrospective Flurbiprofen/capsaicin 10%/0.25% 120 g date service July 20, 2015 is not medically necessary.

Retrospective request for Lidocaine/Gabapentin 5/10% 120gms (DOS: 07/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective lidocaine/gabapentin 5%/10% 120 g date of service July 20, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy with rotator cuff repair, Mumford procedure and degenerative joint disease; cervical/lumbar discopathy; carpal tunnel, double crush syndrome; cervicalgia; internal derangement right shoulder; status post left shoulder surgery. The date of injury is August 28, 2013. Request for authorization is July 20, 2015. There are no progress notes with the date of service July 20, 2015. The most recent progress note in the medical record is dated July 3, 2015. Subjective complaints include cervical pain with radiation to the upper extremity, low back pain and bilateral shoulder pain. There are no medications listed in the medical record. There are no medications listed on a separate cover sheet. As a result, there is no clinical indication or rationale for the topical analgesic. Topical lidocaine in the non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine) that is not recommended is not recommended. Consequently, lidocaine/gabapentin 5%/10% is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, retrospective lidocaine/gabapentin 5%/10% 120 g date of service July 20, 2015 is not medically necessary.