

Case Number:	CM15-0175710		
Date Assigned:	09/25/2015	Date of Injury:	08/03/2015
Decision Date:	10/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35 year old female, who sustained an industrial injury on 8-3-15. The injured worker was diagnosed as having right shoulder strain and right shoulder impingement. Treatment to date has included a right shoulder x-ray. The doctor's first report of injured dated 8-12-15, the injured worker reports pain in her right shoulder. Objective findings include right shoulder flexion is 130 degrees, extension is 50 degrees, adduction is 40 degrees and abduction is 119 degrees. There is no documentation to suggest that the injured worker has tried and failed an oral NSAID. The treating physician requested Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% 180gm. On 8-13-15, the treating physician requested a Utilization Review for Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% 180gm. The Utilization Review dated 8-20-15, non-certified the request for Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

Decision rationale: Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental. The MTUS does not provide evidence in support of topical Amitriptyline. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. No commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain except for Lidoderm which is recommended in patch formulation when other treatments have failed. The MTUs does not support topical Lidocaine or topical NSAIDs for this patient's condition therefore this request is not medically necessary.