

<b>Case Number:</b>	CM15-0176100		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/27/2003
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 52 year old male who sustained a work-related injury on 6-27-03. Medical record documentation on 7-6-15 revealed the injured worker was being treated for status post anterior cervical fusion and hardware removal, right shoulder impingement syndrome, status post right shoulder arthroscopy and subacromial decompression, lumbar spine discopathy, and chronic spinal discopathy. He reported severe right shoulder pain and severe neck pain with constant numbness and tingling. He rated his pain a 9 on a 10-point scale (9 on 6-16-15). He reported stabbing pain in the right knee and ankle and rated this pain an 8 on a 10-point scale (8 on 6-16-15). His medication regimen included Norco and OxyContin and he noted that they were helping. Objective findings included tenderness to palpation of the cervical spine, the right upper extremity with trapezius spasm. He had tightness with painful compression and right Spurling's maneuver. His right shoulder range of motion included flexion to approximately 90 degrees, abduction to 80 degrees on the right shoulder with pain and weakness to the lateral deltoid and anterior biceps insertion. He was administered an injection of Toradol. An MRI of the right shoulder on 3-19-15 revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear. He had mild arthropathy of the acromioclavicular joint. He had lateral downsloping acromion resulting in lateral arch narrowing and mild subacromial bursitis. There were mild osteoarthritic changes in the glenohumeral joint. A request for one orthopedic re-evaluation and transdermal cream Flurbiprofen-Diclofenac-Gabapentin-Lidocaine (10%-10%-10%-5%) was received on 7-31-15. On 8-7-15, the Utilization Review physician determined one orthopedic re-evaluation and transdermal cream Flurbiprofen-Diclofenac-Gabapentin-Lidocaine (10%-10%-10%-5%) was not was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 orthopedic re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker has significantly worsening shoulder pain and an orthopedic re-evaluation is warranted in this case. However, a recent utilization review has already approved a request for an orthopedic re-evaluation for the shoulder, therefore. The request for 1 orthopedic re-evaluation is determined to not be medically necessary.

### **Transdermal cream, Flurbiprofen/Diclofenac/Gabapentin/Lidocaine (10%/10%/10%/5%):** 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Diclofenac is supported for knee pain. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, as at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for transdermal cream, Flurbiprofen/Diclofenac/ Gabapentin/ Lidocaine (10%/10%/10%/5%) is determined to not be medically necessary.